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ABSTRACT

The Texas Migrant Health Project under the State Department of Health aims to: (1) promote and improve medical, dental, and public health services for the domestic agricultural worker and his dependents and (2) encourage and support migrant efforts to participate in and be responsible for personal and family health. During 1969-70, the state was divided into 3 districts encompassing the areas with the heaviest migrant concentrations. Each district employs a public health nurse, a sanitarian, and clerical personnel. In this 1971 annual report, reports are given for each district and the central office. The activities carried out included health education workshops, dental services, conferences, developing materials, public health nursing services, and environmental sanitation services. Even though the number of migrants has declined, the project will continue to analyze, plan, develop, and coordinate public health and allied efforts to promote and protect the health and welfare of migrants and their dependents in Texas. (NQ)

MIGRANT HEALTH PROGRAM ANNUAL REPORT 1971

TEXAS STATE DEPARTMENT OF HEALTH MIGRANT PROJECT GRANT MG—03

DEPARTMENT of HEALTH, EDUCATION and WELFARE - PUBLIC HEALTH SERVICE

TEXAS STATE DEPARTMENT of HEALTH, AUSTIN, TEXAS

MAY 1 1972

ANNUAL REPORT 1971

TEXAS STATE DEPARTMENT OF HEALTH MIGRANT PROJECT GRANT MG—03

DEPARTMENT of HEALTH, EDUCATION and WELFARE - PUBLIC HEALTH SERVICE

MIGRANT HEALTH PROGRAM

TEXAS STATE DEPARTMENT of HEALTH, AUSTIN, TEXAS

Texas State Department of Health

JAMES E. PEAVY, M.D., M.P.H.
COMMISSIONER OF HEALTH

J. B. COPELAND, M.D.
DEPUTY COMMISSIONER

AUSTIN, TEXAS

March, 1972

TO ALL READERS:

I am happy to present this annual report of the activities of the Texas Migrant Project for 1971.

My special congratulations go to the staffs of the local Projects for the programs they have carried out, and this Department has been glad to give them the utmost possible support in the implementation of their programs.

One has only to read the annual reports from these projects to fully realize the scope of their activities, many of them in areas where no other organized public health services had existed previously.

To the extent that funds and personnel have been available, they truly represent an approach to comprehensive health planning and services in local areas.

Their success has also been enhanced by the efforts of their Medical Directors, and the cooperation of other physicians, city and county officials and voluntary agencies.

Sincerely,

J. E. Peavy, M.D.
Commissioner of Health

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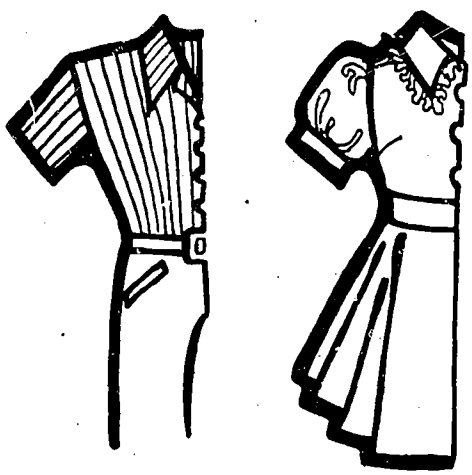
THESE ARE EXAMPLES OF HEALTH EDUCATION MATERIAL AS EXPLAINED ON PAGE 35:

MOTHER: Would you serve your children half a dinner?

MADRE: ¿Les serviría a sus niños media cena?

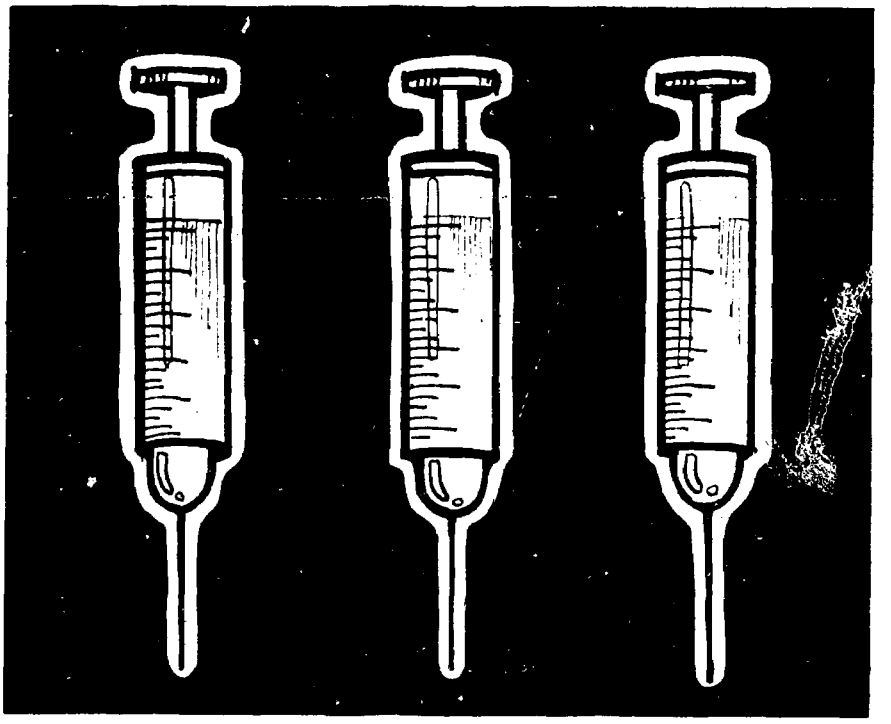
Would you buy them half a shirt or dress?

¿Les compraría media camisa? O medio vestido?



Why take them for only part of their shots?

¿Por que les lleva por parte de sus inyecciones?



They must have <u>all</u> <u>three</u> of their D.P.T. shots (injections) to be protected from the illnesses

Diphtheria Whooping Cough Tetanus

Deben recibir las tres inyecciones de D. P. T. para protegerse de:

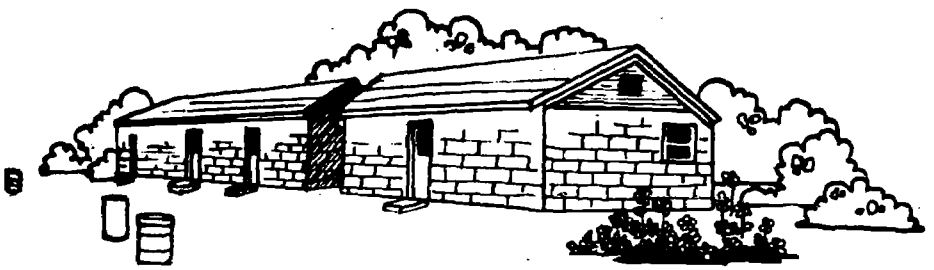
Difteria (*angina blanca*)

Pertussis (*tos ferina*)

Tetanos (*mal de arco*)

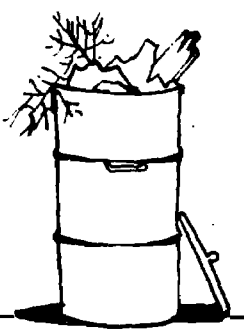
We all want clean camps.

Todos queremos campamentos limpios.



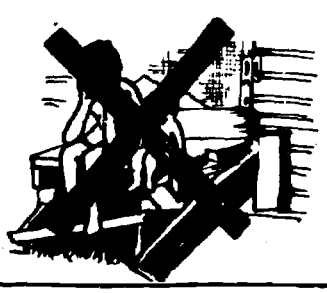
We put trash in the garbage cans.....not in the toilets.

Ponemos basura en las latas de basura.....no en los excusados.

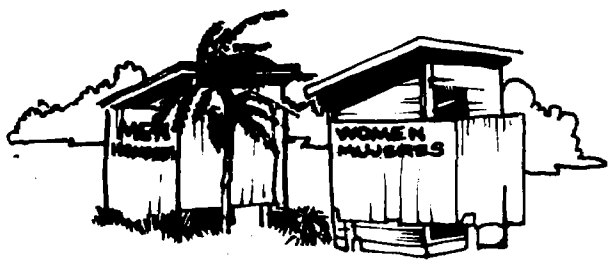


We take care of our children to see that they take care of our quarters.

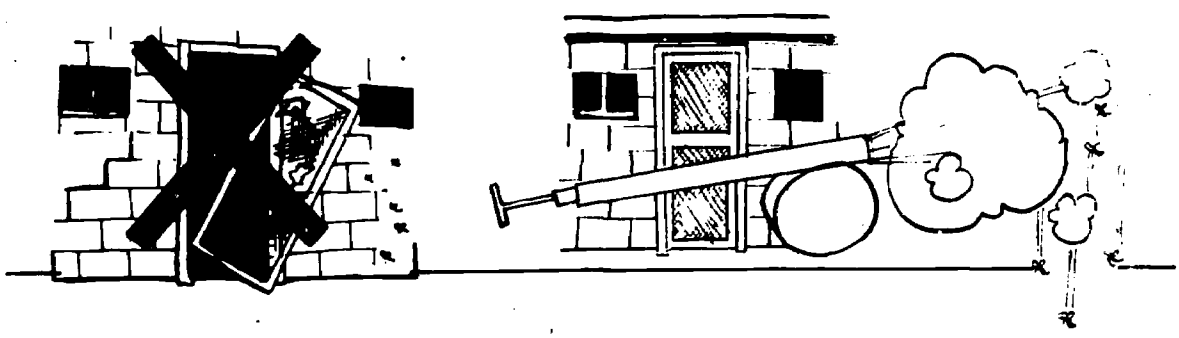
Cuidamos a los niños para ver que ellos cuiden las viviendas.



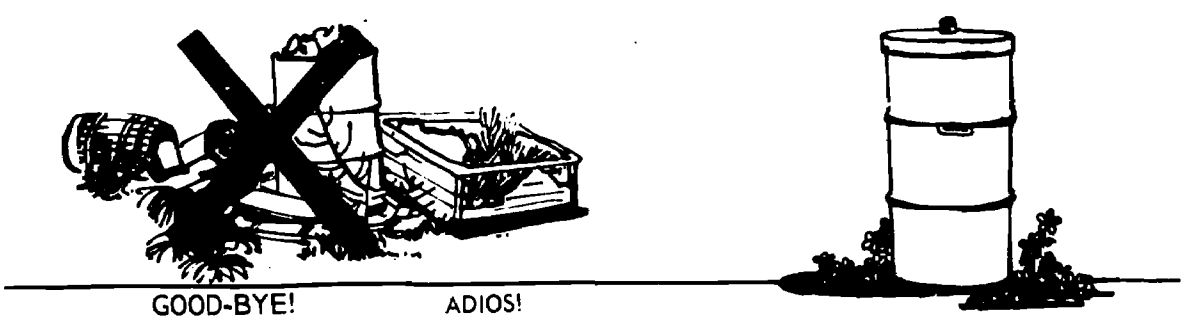
We and our children always use only the rest-rooms or toilets.
Nosotros y nuestros niños siempre usamos solomente los cuartos de bano o los excusados.



We don't let insects in our homes.
No dejamos entrat los insectos en nuestos hogares.



We leave a clean camp for those who come next year.....maybe us.
Dejamos un campamento limpia para ellos que vienen el año próximo....quizás nosatros.

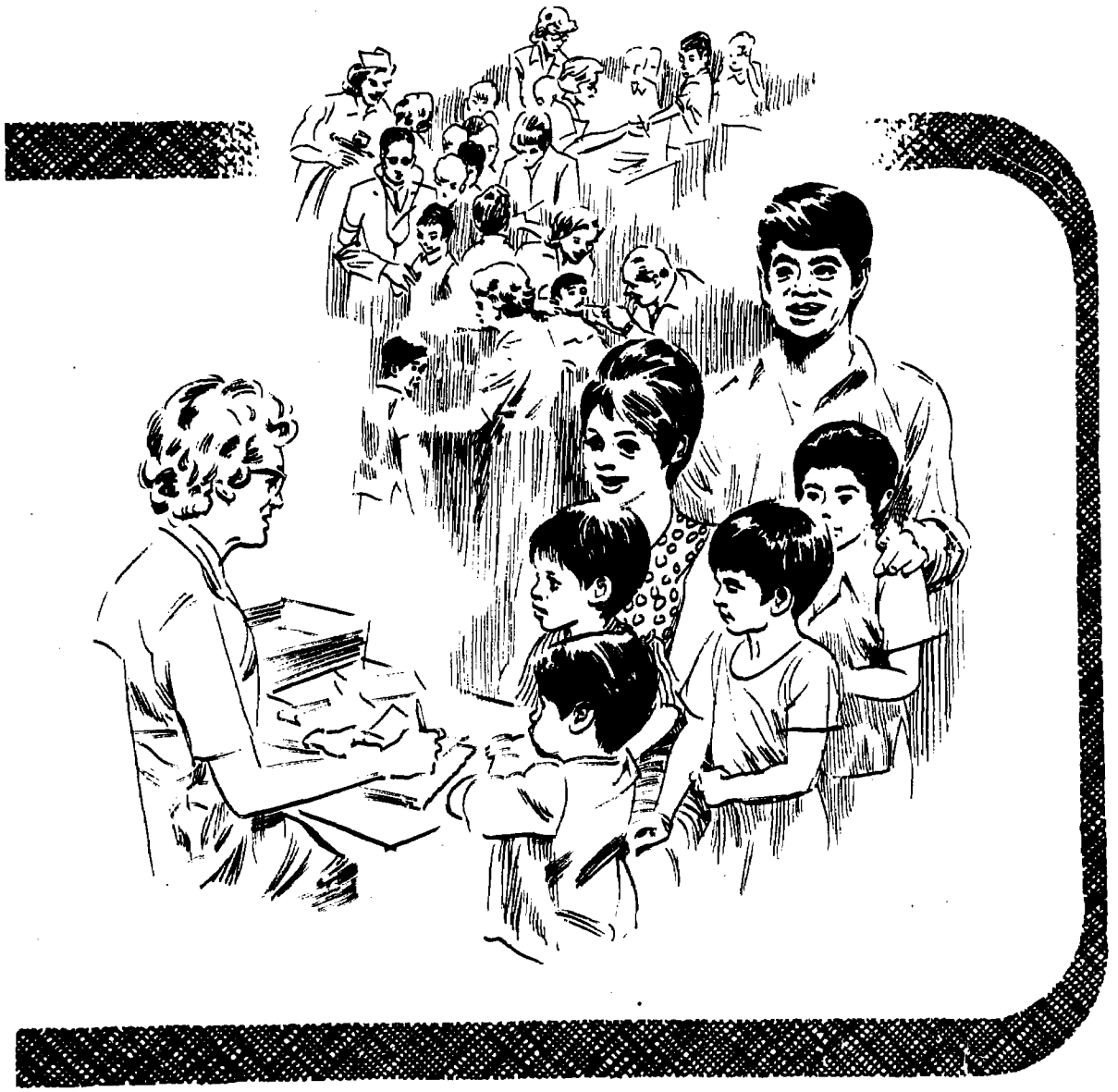


GOOD-BYE! ADIOS!

EXHIBITS

EXHIBITS

MIGRANT HEALTH
background and objectives



MIGRANT HEALTH BACKGROUND AND OBJECTIVES:

The Texas State Department of Health Migrant Health Project began its operation in June, 1963. The initial grant was for three years. Subsequent three-year grants were received in 1966 and 1969.

The Project aims are twofold: (1) To promote and improve medical, dental and public health services for the domestic agricultural worker and his dependents, and (2) to encourage and support the migrants in their efforts to participate in and be responsible for personal and family health.

The Texas State Department of Health Migrant Health Project was, in its initial stage, coordinated through the Division of Sanitary Engineering. A Director and a Coordinator were employed to initiate the program.

As the program developed, and due to the medical aspect of the program, the Project was transferred to the Division of Maternal and Child Health in order to have a physician as its Director. The Project area was divided into three (3) Districts with a Public Health Nurse and Sanitarian assigned to each District. During the initial stages the primary objectives were to identify areas of high migrant concentration, establish priorities and assist local communities in the development of migrant project applications and programs. A full-time Project Director was employed in July, 1964; however, this person resigned in October, 1964. Also, in 1964, as the Project's activities and responsibilities increased, a Health Education Consultant was employed to coordinate the health education activities and develop health education materials and programs geared to the needs of the migrant population.

Further expansion of the Project in 1965-1966 included the employment of a full-time Assistant Project Director; the title was changed to Project Medical Director in 1966. The Project area was further divided into four (4) Districts with Public Health Nurses, Sanitarians, Health Program Specialists as Health Educators and clerical personnel assigned to each District. The Central Office staff was increased to include a Dental Consultant, a Public Health Nursing Consultant, Sanitation Consultant and Field Records Analyst. The Field Records Analyst and Health Program Specialist have since been deleted from the Project. In March, 1969, the Project Medical Director died of an apparent heart attack and the Dental Consultant was assigned as Acting Project Director.

During the seventh year (budget period for 1969-1970), the Texas State Department of Health Migrant Health Project was modified due to a substantial reduction of funds from the Department of Health, Education and Welfare. This modification included the elimination of one District office and respective personnel; also, only one Public Health Nurse for the remaining three (3) Districts. The three (3) remaining Districts were realigned to encompass the areas of the State with the heaviest migrant concentrations. The other areas of the State would be served by personnel from the Central office as time permitted and/or as needs arose. Due to

the added responsibilities placed on the remaining district services, especially direct services, non-organized counties would have to be limited. The Nursing Consultant position (Central Office) also has been eliminated.

During this project reporting period, the Texas State Department of Health Migrant Health Project Area offices (formerly called Districts) were changed to encompass the entire State. The Area boundaries are set up to coincide with the Comprehensive Health Regions of the State. Presently each of the three (3) Area offices is staffed with a Public Health Nurse, Sanitarian and Clerical personnel. Personnel assigned to the Central Office are Acting Project Medical Director (also serves as Dental Consultant), Administrative Assistant, Sanitation Consultant, Health Educator and Secretarial assistance.

The Texas State Department of Health Migrant Health Project has continued to provide direct consultative services to on-going local Migrant Health Projects in the State in an effort to develop a comprehensive health program for the domestic agricultural migrant farmworker and his dependents. A concerted effort has been made to stimulate the maximum utilization of all Federal, State and Local resources available to local Migrant Health Projects to benefit the migrant population. The Texas State Department of Health Migrant Health staff has provided direct services to non-project areas to the extent possible.

At the present time, in addition to the Texas State Department of Health Migrant Health Project, there are twenty (20) local Migrant Health Projects in the State of Texas. Six (6) of these are integrated into the operations of the State affiliated local Health Departments. Of the remaining fourteen (14), four (4) are in counties with State affiliated local Health Departments, while the other ten (10) are operating in counties which have no other health agency. Many of these counties have never had any public health program prior to the development of the local migrant health programs.

The specific objectives of the Texas State Department of Health Migrant Health Project as set forth in the grant application are as follows:

Objectives

The Texas State Department of Health Migrant Health Project Medical Director or his designee will provide Public Health Program and Medical Consultation to all Local, State and Federal Health Officers, or their designee, in all matters pertaining to the promotion and protection of migrant health status in Texas.

The Texas State Department of Health Migrant Health Project Dental Consultant will provide Dental Health Program and Dental Consultation in all matters pertaining to the promotion and protection of migrant dental health status.

The Texas State Department of Health Migrant Project Administrative Assistant will provide consultation and assistance in the fiscal and administrative phases to the Texas Migrant Health Project and all local migrant projects.

The Texas State Department of Health Migrant Project Educator, acting under the administrative direction of the project director, will provide health education services in support of all migrant health activities in Texas.

Specific objectives are as follows:

1. As a result of correspondence with migrant projects in other states, and correspondence and visits to Texas projects, there will be more exchange of ideas and bi-lingual material pertinent to the migrants. Also, the health education sections of Texas and out-of-state annual reports will be studied to help in deciding on materials needed.

2. As a result of a questionnaire sent to each project, of reading the referral tabulations, and of observations, a topic will be chosen for each month or two months. Appropriate bi-lingual material will be devised and/or ordered on these topics to improve health practices among migrants.

3. As a result of coordination in conferences and workshops, materials will be developed and information disseminated to benefit the migrant population.

4. As a result of cooperation between other Federal, State, and local agencies, the migrant's health information will be increased.

The Texas State Department of Health Migrant Project State and Regional Public Health Nursing Staff, under the administrative direction of the State Migrant Project Director and through Local Health Officers will:

1. Provide assistance to local projects in assessing and/or up-grading nursing programs on the basis of the "Program Guidelines for Migrant Health Projects Offering Direct Service."

2. Provide nursing consultation and direct assistance to local projects, local health departments, and nursing personnel of unorganized counties, in developing public health nursing programs geared to the needs of the agricultural migratory farm workers, seasonal farm workers, and their dependents, under the administrative direction of the Project Medical Director, Health Department Director and/or County or City Health Officers, to the extent possible.

3. Promote and provide for the provision of public health nursing care for domestic agricultural migratory farm workers, seasonal farm workers, and their dependents, to the extent possible, in local health jurisdictions without organized public health services and/or public health

service programs designed to meet the public health needs of resident or migrant populations.

4. Identify to local nursing and/or other health personnel, consultants available from divisions of the Texas State Department of Health, and/or other agencies, to assist in developing specific aspects of nursing programs, as requested.

5. Advise and assist local projects in the selection of qualified nursing personnel, to the extent possible, and make concerted efforts to provide or arrange for initial orientation and continued in-service training for nursing personnel of migrant projects, and of ancillary personnel recruited from the migrant population.

6. Provide a system of processing referrals to facilitate intra- and inter-state coordination of follow-up activities necessary for continuity of care to promote and protect the health status of the domestic agricultural migratory farm workers, seasonal farm workers, and their dependents.

The Texas State Department of Health Migrant Project environmental sanitation staff under administrative direction of the Project Director or his designee will:

As a result of a coordinated effort with local migrant health projects, local health officers and other local governmental agencies, the State Migrant Health Project environmental sanitation staff will initiate programs to improve the living and working environment of the agricultural and seasonal farm worker and his dependents.

As a result of following the new guidelines and environmental health service policies, the State Migrant Health Project environmental staff through local Migrant Health Projects, local Health Officials, and other local governmental agencies will develop new approaches to environmental problems affecting the agricultural and seasonal farm worker and his dependents.

As the result of becoming more aware of all available resources, Federal, State, and Local, the State Migrant Health Project environmental sanitation staff will emphasize the maximum utilization of these resources to the fullest extent possible for improved housing, sanitary facilities, employment, education, etc.

As a result of compliance with the guidelines and the reporting kit, the State Migrant Health Project environmental staff will develop new and initiative environmental programs rather than the traditional inspectional programs. This will include safety and accident hazards both in the living and working areas.

As a result of closer coordination with local migrant health projects, local health officials, local government agencies and other groups and/or

individuals, the Texas State Migrant Health Project environmental sanitation staff will obtain and record environmental data and resources available, affecting the agricultural and seasonal farm worker and his dependents, in high migrant impact areas.

The Texas State Department of Health Migrant Project will continue to accumulate substantive health data through:

1. Compilation, analysis, and interpretation of electronic data processing of records relative to inter-area referrals on all migrant cases directed through the Texas State Department of Health Migrant Project Referral Program.

2. Compilation, analysis, and interpretation of data accumulated by organized local migrant health activities throughout the State.

3. Compilation, analysis, and interpretation of data accumulated through Federal, State and Local agencies and other agencies in those areas with high migrant concentration and without organized migrant health program activities.

4. The Texas State Department of Health Migrant Project in coordination with the Federal Migrant Program will continually provide direct and indirect assistance to Federal, State and Local agencies and/or organizations, group or individual, and local migrant health projects to develop comprehensive programs for the Texas agricultural and seasonal farm worker and his dependents in Texas.

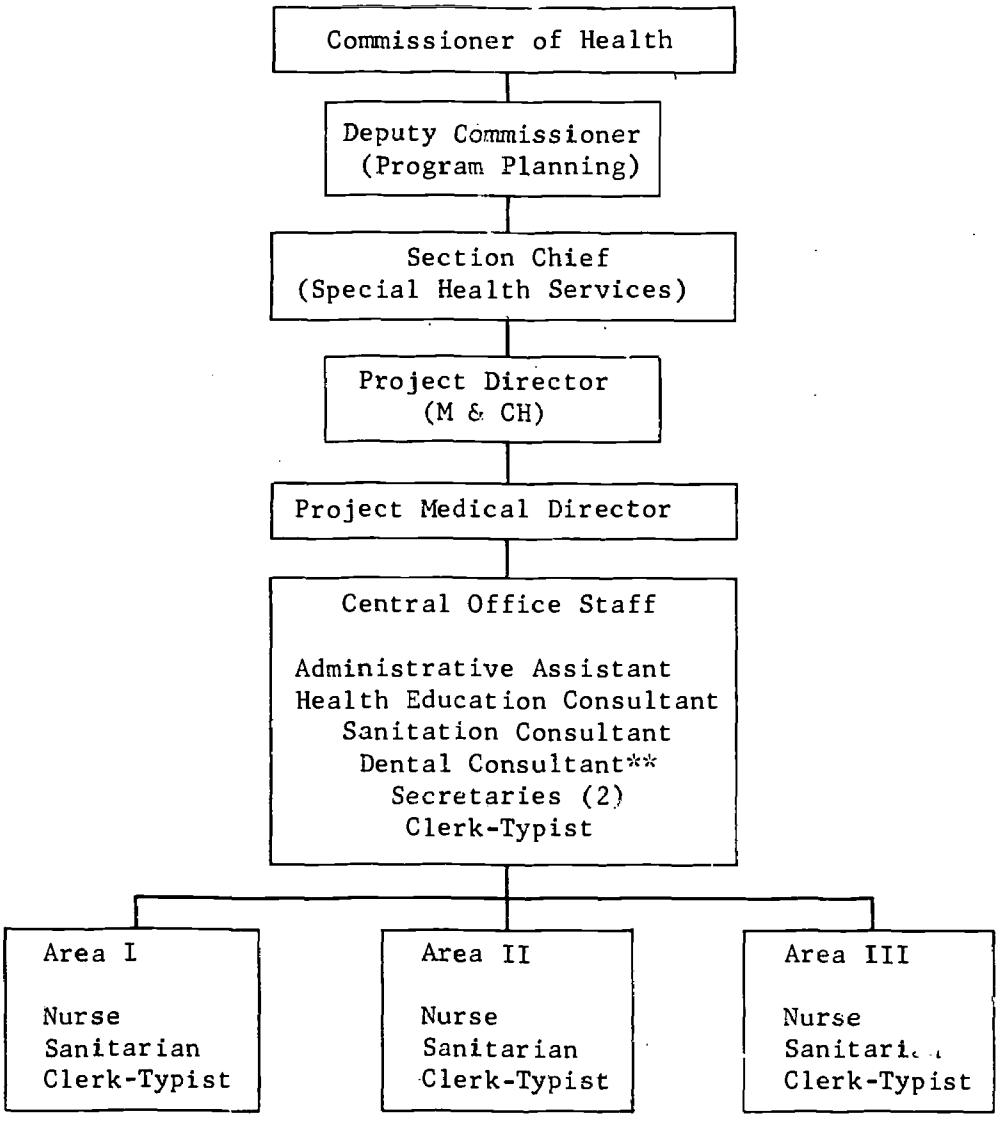
The accomplishment of these stated objectives necessitates the full coordinated assistance of all Federal, State and Local, official and voluntary, agencies. The Texas State Department of Health Migrant Health Project staff utilized frequently the consultative assistance from the Public Health Services, Migrant Branch, Department of Health, Education and Welfare in Region VI office. The Texas State Department of Health Migrant Health Project has endeavored to utilize all available resources of the Texas State Department of Health, especially the Tuberculosis Eradication Program, Preventive Medical Services, Special Health Services, Local Health Services, Environmental Sanitation Services, Public Health Education, Veterinary Public Health, the Laboratories and Records and Statistics.

The Texas State Department of Health Migrant Health Projects have established a special working relationship with many other Federal and State agencies, especially Farmers Home Administration, Office of Economic Opportunity (mainly local Community Action Programs), Good Neighbor Commission, Texas Employment Commission, Texas Education Agency and the Texas University System (particularly Texas A & M Extension Division).

Special emphasis has been placed on the development of a comprehensive study (socio-economic survey) in several communities to determine conditions, establish priorities, and develop necessary programs.

The Texas State Department of Health Migrant Health Project activities are more fully covered under sections entitled "Central Office" and "Area Reports."

Staffing Pattern
August 1, 1971 - Present



**Acting Project Medical Director

S T A F F

J. E. Peavy, M.D., M.P.H.	- Commissioner of Health
Fratis L. Duff, M.D., Dr. P.H. Program Planning	- Deputy Commissioner
W.S. Brumage, M.D., M.P.H. Special Health Services	- Section Chief
Carl F. Moore, Jr., M.D., M.S. in Ob. Maternal and Child Health	- Director
W.A. Buckner, D.D.S.	- Acting Medical Director - Dental Consultant
Charles J. Scottino, B.S.	- Administrative Assistant
Troy W. Lowry, R.S., B.S., M.S.	- Sanitation Consultant
Frances Haslund Wilcox, B.A., M.P.H.	- Health Education Consultant
Juanita Kay Ledesma	- Secretary
Mary Ann Martin	- Secretary
Sharon Montgomery*	- Secretary
Evelyn Clements	- Clerk-Typist
Elizabeth Barta*	- Clerk-Typist
Patricia D. dela Pena*	- Clerk-Typist

AREA I (LUBBOCK)

Bill F. Mittag, B.S., R.S.	- Sanitarian
Geneva M. Shropshire, R.N.	- Public Health Nurse
Linda Ann Jones	- Clerk-Typist
Shirley E. Dunn*	- Clerk-Typist

AREA II (SAN ANTONIO)

Rafael Gomez, Jr., R.S., B.S.	- Sanitarian
Nellie P. Baker, R.N., B.S.N.	- Public Health Nurse
Hortence B. Ward**	- Clerk-Typist
Mary D. Riley***	- Clerk-Typist

AREA III (SAN BENITO)

Joe L. Stone, R.S., B.A.	- Sanitarian
Agatha C. Martinez, R.N., B.S.N.	- Public Health Nurse
Martha O. Cole	- Clerk-Typist

From left to right: Geneva Shropshire, Bill Mittag and Linda Jones.

*Resigned
**On Leave of Absence
***Temporary

THE MIGRANT SITUATION

THE MIGRANCY SITUATION

The domestic farm worker continues to be a valuable factor in the production, harvesting and marketing of agricultural crops.

Texas is one of the leading labor supplier states and is one of the leading user states. The estimated number of Texas migrants is 282,000.

Approximately ninety-five per cent (95%) of the Texas home-base migrants are Mexican-American.

Texas migrants have been found working in some thirty-seven (37) states during this reporting period. In general, most of the Texas migrants consider South Texas, from San Antonio to the Texas-Mexican border, as their home-base. However, in recent years, many migrants have relocated in West Texas, especially in the Lubbock and Plainview area. Many of these migrants have since dropped out of the migrant stream and are now considered to be seasonal farm workers.

Many migrants will work in four (4) or five (5) states during a year. Also, many of these same migrants may work in three (3) to four (4) locations in Texas before leaving the State and/or on their return to the State.

Many migrants, through the years, have established work contact with both Texas employers and other states' employers and do not register with any official employment agencies. Also, with the enactment of Federal and State laws concerning transportation, crew leader licensing and insurance, employment requirements, recruitment and housing requirements, many employers do not seek their labor through an official employment agency.

Climatic conditions again in 1971-1972, as in past years, greatly influenced the employment and travel patterns of the domestic farm workers. The lack of adequate moisture during the first part of 1971 delayed land preparation, planting and maturing of row crops. Dryland acreages of all crops suffered extensively with yields far below normal and large acreages were abandoned. In September the aftereffects of Hurricanes Fern and Edith extended heavy rains in the Coastal Area and Rio Grande Valley into October, delaying land preparation and planting of fall and winter vegetables. Cotton planted late in the High Rolling Plains matured extremely late, and at the end of December, sixty per cent (60%) of the crop was still in the fields to be harvested. Harvested vegetable acreage in 1971 was twelve per cent (12%) below 1970 harvested acreage and well below the 1965-1970 five-year average. Crops with the largest harvested acreage in 1971 included watermelons, potatoes (Irish and Sweet), carrots, onions and cabbage. Texas ranks third to California and Florida in harvested vegetable acreage, production and value of fresh market vegetables.

Mechanization continues to reduce the number of agricultural workers needed. Cotton harvested by machine has increased to where less than

two per cent (2%) is harvested by hand. Improved machines, such as overhead baskets, burr extractors and packing devices for trailers have replaced the need for many workers. Larger and faster tractors of six to eight row size require fewer workers to operate. Vegetables for canneries and frozen food plants are mostly machine harvested. In the East Texas area, harvest of blackberries by machine on a very limited scale proved satisfactory. The use of herbicides and mechanical sprayers for weed control is increasing. The increase in wheel-moving irrigation equipment in all West Texas areas has eliminated the need for large numbers of irrigators.

The following table[1] gives a comparison of seasonal farm employment, both intrastate and interstate, during 1970 and 1971:

Seasonal Farm Employment - Statewide
(Thousands)

	Total Workers		Local Workers		Migrants			
					Intrastate		Interstate	
Month	1971	1970	1971	1970	1971	1970	1971	1970
Jan.	51.9	50.9	51.3	50.2	.5	.7	.1	0
Feb.	56.2	60.0	55.4	59.4	.7	.6	.1	0
Mar.	68.5	70.3	67.7	69.1	.6	1.0	.2	.2
Apr.	83.9	90.1	82.2	87.9	1.5	2.0	.2	.2
May	104.5	110.3	102.9	107.9	1.4	2.1	.2	.3
Jun.	120.2	134.9	113.8	127.6	6.2	7.0	.2	.3
Jul.	117.1	125.6	99.2	105.8	17.7	19.4	.2	.4
Aug.	99.8	102.9	87.1	88.1	12.6	14.6	.1	.2
Sep.	86.0	88.7	82.3	85.1	3.6	3.5	.1	.1
Oct.	78.4	84.7	77.1	83.1	1.2	1.5	.1	.1
Nov.	70.9	81.3	69.2	78.5	1.6	2.7	.1	.2
Dec.	59.2	66.0	56.6	60.2	2.5	5.6	.1	.2

(1) Texas Farm Labor and Rural Manpower
1971 Annual Report
Texas Employment Commission

The following table[2] gives the average farm wage rates over the last five years:

Year	Per Day With House	Per Day Without Bd. or Rm.	Per Hour With House	Per Hour Without Bd. or Rm.	Composite Rate Per Hour
1967	$8.60	$9.40	$.99	$1.12	$1.04
1968	$9.40	$10.40	$1.09	$1.23	$1.15
1969	$10.20	$11.20	$1.17	$1.31	$1.23
1970	$11.00	$12.00	$1.24	$1.38	$1.32
1971	$11.70	$12.80	$1.35	$1.55	$1.42 (Est.)

The availability of health and medical services to migrants varies from county to county. Much improvement was made with the implementation of local Migrant Health Projects. Also, in some counties, Office of Economic Opportunity, especially Community Action Programs, has provided much needed services such as family planning and vocational training programs. Some counties have become aware of the migrants' health and medical needs; however, due to the county's economic status, very little has been done.

In Texas, the Migrant Health Program has undergone some major changes due to modification of the Migrant Health Act. The number of Migrant Health Projects has gone from three (3) in 1963 to twenty-seven (27) in 1969, down to twenty (20) in 1972. The original local Migrant Health Projects provided basic medical care (fee-for-services) and public health services. In 1966, hospitalization on a limited basis was added to the program. The Federal support of this component has been reduced drastically, thus making local communities responsible. In many counties, due to their economic status, hospitalization is now very restrictive.

In an effort to up-grade local Migrant Health Projects, family service clinics have been started. These clinics have met with varying degrees of success. Dental care has been emphasized; however, in some project areas, due to the lack of dental manpower, this component has been very limited.

Through administrative policies of the Department of Health, Education and Welfare, environmental sanitation is believed to be a local responsibility. Many counties do not have, nor have never had, full-time state affiliated local Health Departments; consequently, they are not aware of the value of this component. The Texas State Department of Health Migrant Health Project has endeavored to stimulate local communities to assume this responsibility.

[2] Texas Farm Labor and Rural Manpower
1971 Annual Report
Texas Employment Commission

The Texas Education Agency continues to evaluate, plan and implement migrant school programs, both pre-school and school, to improve the opportunities for a better education for the children of the agricultural migrant farm worker. The Texas Education Agency programs are guided by the following objectives:(3)

- To provide assistance to local education agencies having a high concentration of migrant children in order that these agencies may operate comprehensive education programs and provide ancillary services to meet the unique needs of migrant children.

- To develop and conduct staff development programs for personnel in the Texas Child Migrant Program.

- To cooperate with other State Education Agencies in improving education programs and in developing record transfer systems for migrant children.

- To coordinate the activities of cooperating agencies serving migrant children in the State of Texas.

In addition, effective change in the instructional program is based on the following goals of the migrant program:

- The evaluation of the migrant student must precede the design of an instruction program.

- Adequate provision must be made for development of communication skills, assuring a functional fluency in oral English before beginning instruction in reading English.

- Techniques of teaching English as a second language should be an integral part of the curriculum.

- As ninety-five per cent of the migrant children speak Spanish, bilingual instruction, particularly in the kindergarten and primary grades, should be an integral part of the Child Migrant Program.

- Learning experiences in school should be related to the child's cultural heritage, to his home environment, and to his experiences during periods of migration.

- Meaningful learning experiences, both in academic and vocational programs, must be provided for the migrant child. Experience appropriate for his abilities and aspirations, chronological age, and for his achievement level must be provided.

(3) Texas Child Migrant Program - October, 1971
Texas Education Agency

The Texas Child Migrant Program is an integral part of public school education in Texas and consists of two (2) types: The Seven-Month School Program and the Enrichment Program. The Seven-Month Program operates for a minimum of one hundred and thirty-five (135) days and the school day is extended so that the children are exposed to the same number of instructional hours as are children in the regular program. These programs are in areas of high migrant concentration in the Rio Grande Valley and South Texas. The Enrichment Programs are integrated into the regular school program; however, special activities such as an extra hour of instruction at the end of school days, separate class rooms, smaller teacher-pupil ratio, language development, extra teacher aides and supplementary teachers.

The following table (4) indicates the growth of migrant school programs in Texas:

YEAR	Number of School Districts		Number of Migrant Children Enrolled
	Six Month	Enrichment	
1963	5		3,000
1964	10		6,000
1965	20	20	20,000
1966	20	20	20,000
1967	20	25	25,000
1968	20	45	35,000
1969	20	63	40,000
1970	20*	79	55,000
1971	19	90	60,000**

* Designation changed to Seven-Month in 1970
** Projected figure which includes the summer program

(4) Texas Child Migrant Program - October, 1971
Texas Education Agency

One hundred and five (105) school districts receive direct and indirect assistance funding under the Elementary and Secondary Education Act, Title I, Migrant Amendment, to operate supplementary instructional and ancillary programs for the migrant children. Nineteen (19) of those school districts operate the Minimum Foundation Program Seven-Month School.

The Texas Education Agency, realizing the problems of education of migrant children, was instrumental in the development of the "Interstate Cooperation Project" in 1966.[5] The basic aims of the Program are:

- To have available in the participating states, teachers with experience in the teaching of Texas migrant children.
- To share among states an understanding of the problems of teaching Texas migrant children.
- To develop a better system for transferring pupil records.
- To improve teaching techniques used in the instruction of migrant children.
- To encourage Texas-based migrants to participate in school programs when they are in other states.
- To promote, especially among participating Texas teachers, a realization of the problems faced by school-aged migrant children during the migrant cycle.

Twelve (12) states were selected to participate in the program in 1966 based on the number of Texas workers who migrate to those states. In 1967, six additional migrant stream states were added to this list of participating states. In 1972, it is hoped twenty (20) states will participate in the program. A desirable outcome of the project has been that many of the participating states have employed Texas teachers in their summer migrant programs.

The living conditions, especially housing, continue to be a problem for the migrant farm worker and his dependents. Many migrants in home-base areas still live in sub-standard housing without indoor plumbing. In some areas, water is supplied by individual shallow wells of poor quality. The unsanitary pit privy is still widely used. Housing in the employment areas, West Texas especially, is very inadequate. Most of the estimated 800 labor camps would not meet any standards. The individual housing for the migrant farm worker and his dependents in rural communities in the employment areas is very similar to the housing in the home-base area.

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(5) Texas Child Migrant Program - October, 1971
Texas Education Agency

A concerted effort has been made through the coordination of Federal resources, especially Farmers Home Administration, to improve the living environment, both home-base and employment areas, of the migrant farm worker. Such projects as the Military Highway Water Supply Corporation, East Rio Hondo Water Supply Corporation and Weslaco Housing Project will greatly improve the home-base environment of the migrants. Many migrants have taken advantage of individual loans, especially from Farmers Home Administration, and now live in adequate housing.

The 62nd Legislature of the State of Texas enacted bill, Act 62, Leg.1971, Ch. 788, Page 2446, relating to migratory labor housing in Texas. The intent of this Act is to provide adequate and safe housing for the domestic agricultural farm worker engaged in agricultural or related seasonal employment. The bill authorizes the Texas State Board of Health to promulgate such minimum health and safety standards as may be deemed necessary. (See Attachment beginning on page 109.)

However, due to the passage of the bill late in the Legislative session, no funds were appropriated to implement the program. Plans have been made to seek funds necessary to implement the program in the next budget year for the Texas State Department of Health.

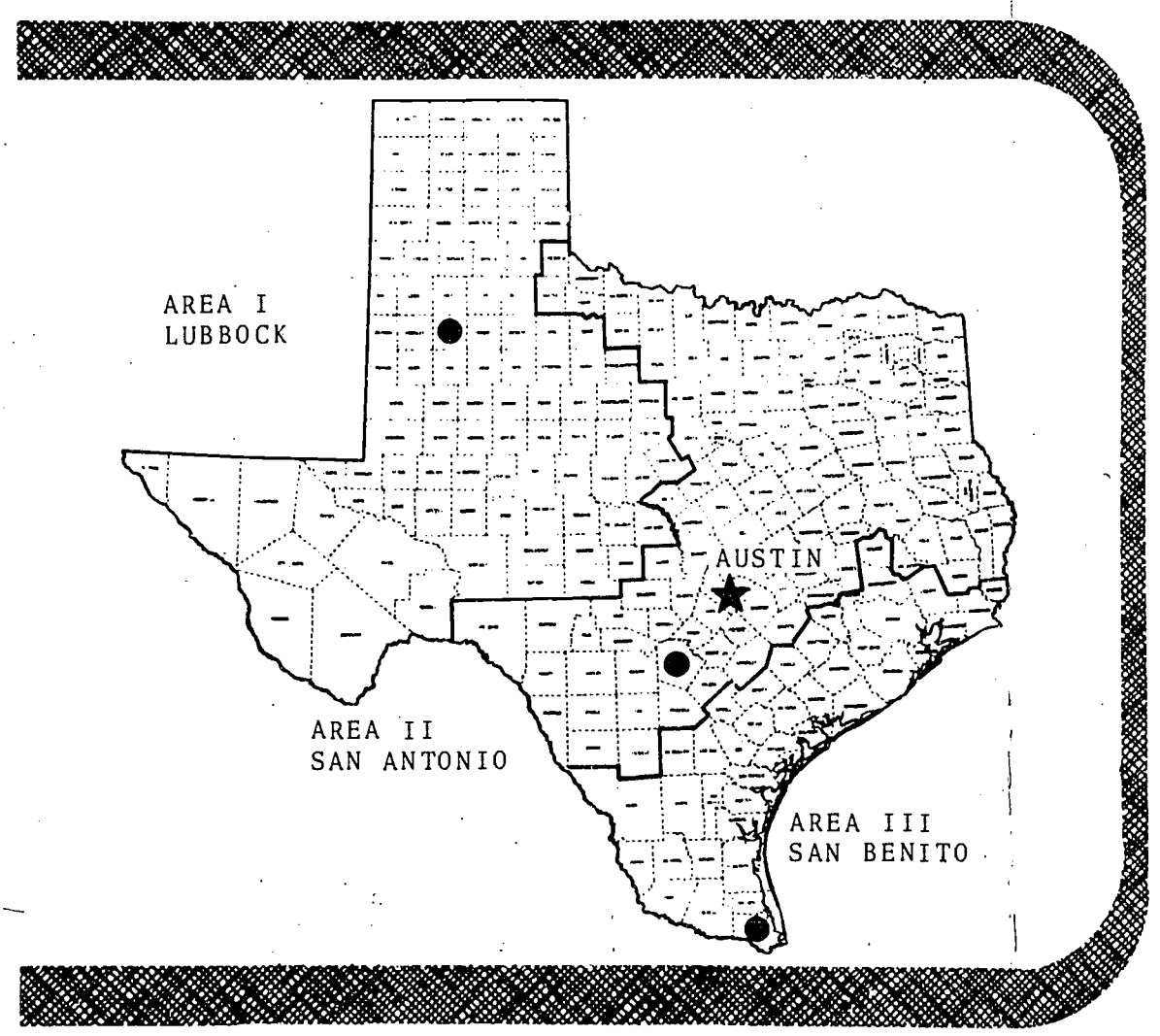
Since the enactment of the housing bill, much interest has been generated in many areas of the state concerning improvement of labor housing for the migrant farm workers. Many growers' associations and individual farmers have contacted the Texas State Department of Health Migrant Health Project staff relative to funds, both grants and loans, available to build adequate labor housing.

In general, improvements have been made to improve the plight of the migrant farm worker and his dependents in Texas. However, due to the lack of adequate manpower, facilities, coordination and utilization of resources, much remains to be done.

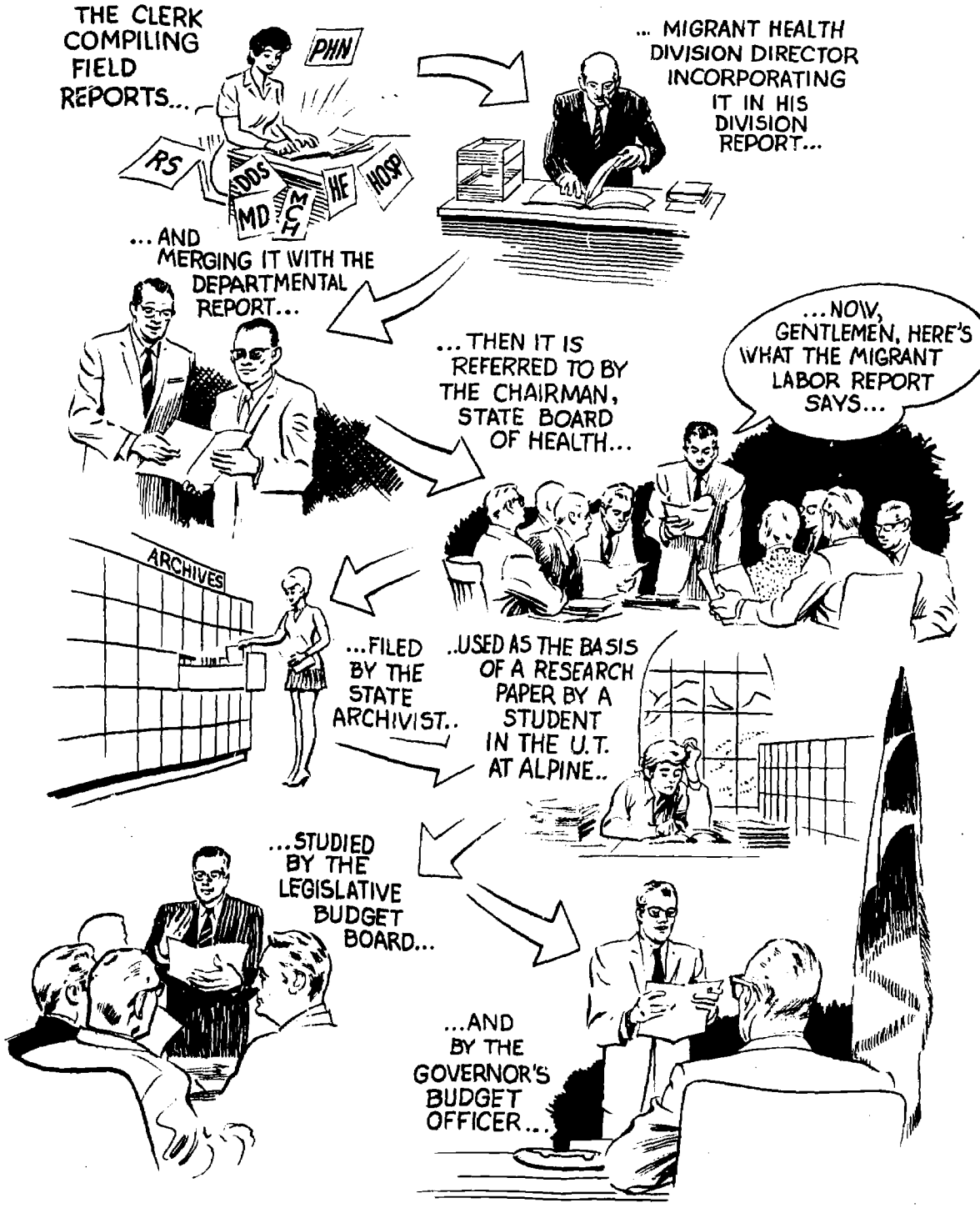
The specific activities of the Texas State Department of Health Migrant Health Project staff, in an effort to improve these inadequacies, are are expanded in appropriate sections of this report.

STATE REPORT

Central and Area Offices of the Texas State Department of Health Migrant Project



CENTRAL OFFICE REPORT



CENTRAL OFFICE REPORT

With the enactment of the Migrant Act in 1963, measurable steps have been made to improve the medical, dental and public health services to the migrant farm worker and his dependents. The Texas State Department of Health Migrant Health staff has attempted to improve the needed services to the migrant population through direct and indirect services to migrant impact communities.

Many counties have become aware of the needs of the migrant population; however, due to economic status of the county and/or lack of medical, dental and other professional personnel, migrant health programs have not been implemented.

The Texas State Department of Health Migrant Health Project activities have been directed toward the accomplishment of the basic objectives as stated in "Background and Objectives." Activities of the Central Office staff and a summary of Area staffs are contained in this section of the report (Central Office Report). Specific activities of Area staffs are contained in appropriate Area reports.

The Texas State Department of Health Migrant Project Medical Director or his designee has provided consultation in the Public Health and the Medical and Dental aspects of the Migrant Health Program. Also, he has, under the supervision of the Medical Director, provided administration to the Program.

Provision for some type of dental care program is being rendered in sixteen (16) of the twenty (20) Migrant Projects.

The following chart reflects aspects of the dental programs of the local Migrant Health Projects:

Number of Projects	20
Number Providing Some Type of Dental Program	16
Migrant Population in These Projects	166,235
Number of Migrants Receiving Some Type of Dental Service	3,380
Number of Visits	7,519
Average Number of Services per Patient	3.6
Average Number of Visits Per Patient	2.2

Administrative Services

The Texas State Department of Health Migrant Project Administrative Assistant (Health Program Specialist) assists the Project Director and Project Medical Director by rendering administrative support in executing the non-medical phases of the Project operation: specifically, Fiscal Management, including financial reporting and authorization of expenditure of Project funds within the limits of the currently approved budget; assist the Project Director and Project Medical Director in the development of continuation application and revisions necessary for the operations of the Texas Migrant Health Project; assists the Project Director in formulating applications for Migrant Health Program and revisions of existing programs and assistance to potential applicants for separate Migrant Health grants, particularly in the administrative areas; supervises clerical and non-professional workers; develops administrative procedures and methods; reviews program content for the purpose of developing sound administrative practices; formulates administrative policies which will contribute to the improvement of the Project operations; maintains administrative liaison with various organizations and agencies - Federal, State, Local, voluntary, etc., interested in the migrant problem.

The Administrative Assistant assists the Project Director and Project Medical Director in the review of all local Migrant Projects, application, continuation and revision, particularly in the administrative area. The Administrative Assistant makes visits to local Migrant Projects concerning fiscal and administrative matters. He will continue to give fiscal and administrative support to the Texas Migrant Health Project and local Migrant Projects.

Continuation of a close liaison is being made with the Fiscal Office of The State Health Department pertaining to all budgeted items of the Migrant Health Project.

The Administrative Assistant title was changed June 30, to Health Program Specialist. This does not indicate that his duties will be changed as he will continue to act as he has in the past.

Health Education Services

Objectives and related activities are as follows:

I. There will be more exchange of ideas and bi-lingual material pertinent to the migrants. Also, th. Health Education sections of Texas and out-of-state annual reports will be studied to help in deciding on materials needed.

1. A coloring book from Washington State on keeping labor camps clean was translated. This was distributed in a Floydada Labor Camp along with donated soap and crayolas. Also, one copy of the booklet was sent to each Project.

2. Information about Laredo's "Going North" packet was passed on to other Projects.

3. A booklet on impetigo from New Mexico was translated and re-illustrated. This was added to the State literature request list.

4. A smoking booklet was translated for the Cancer and Heart Division.

5. There was coordination between the Health Educators of Migrant Health and Cancer and Heart on a breast self-examination booklet.

6. Slides were borrowed from other Projects and label slides made for the exhibit at T.P.H.A.

7. Ideas used by one Project on such topics as advisory boards were passed on to the other Projects.

8. A booklet on Child Care was written and a few copies distributed. It is given out after it has been demonstrated using children in the audience and articles of the house. Demonstrations were given to clinic patients in DeLeon and Del Rio.

II. As a result of a questionnaire sent to each Project, of reading the referral tabulations, and of observations, a topic will be chosen for each month or two months. Appropriate bi-lingual material will be devised and/or ordered on these topics to improve health practices among the migrants.

The topics did not come out exactly one a month. Sometimes there were materials on two topics - sometimes two months on one topic; but there were twelve topics that were among the most chosen on the questionnaire:

1. Venereal disease
2. Dental health - two posters made; booklets ordered and sent
3. Impetigo - booklet
4. Prenatal care - bought filmstrip with bi-lingual records
5. Diabetes - distributed material of Texas State Health Department and Bexar County Hospital District
6. Dieting - made 1800 calorie diet based on Mexican-American foods
   - made sheet listing foods low and high in calories
7. Nutrition - gave demonstrations in Lubbock, Del Rio, and Floydada
   - wrote flier on anemia - 1 copy to each Project
   - wrote picture recipe on "empanadas"
   - tried different types of soy meat substitute
8. Mental health - distributed booklets from Mental Health, Mental Retardation and from California Farm Workers' Association

9. Family planning - ordered filmstrip and bi-lingual records, "You May Be the Only One" - staff training
- wrote poster, aimed at the men wanting to take good care of their families (I hope to make a booklet just like it)

10. Diarrhea - gave "charla" to patients in Crosbyton. Found some of them think it's caused by a cold stomach. Hope to write a picture flier on it.

11. Labor camps - made flier on keeping camps clean - red "x" over what not to do

12. Immunization - booklet (see example in this section of report)

13. Care of sore throat - booklets ordered from American Heart Association

14. Prenatal care - a filmstrip with bi-lingual records was bought, "Be Good to Your Baby Before it is Born"

III. As a result of coordination in conferences and workshops, materials will be developed and information disseminated to benefit the migrant population.

The Educator spoke at T.P.H.A. in San Angelo, at T.E.A. migrant school program at McAllen, for the President's Committee on Health Education in Houston, and the Mental Health, Mental Retardation in San Antonio. She attended a mental health meeting in Dallas, a planning meeting in Lubbock and a nutrition workshop in Corpus Christi. In all of these activities, she listened to the other speakers and compared ideas and learned new ways to help the migrants. The materials written are discussed in I and II.

IV. As a result of cooperation between other Federal, State and Local Agencies, the migrants' health information will be increased.

This is mostly discussed in Objective I. However, consultation was given by the Department of Health, Education and Welfare's Educator, Mrs. Alice Johnson. She showed this Educator material from other states in the region.

In addition to working on these objectives, the Educator has ordered some equipment to aid in using the materials. There is now an automatic filmstrip projector with slide attachment and attached record player, five small slide projectors as well as a record player for previewing records when the filmstrip projector is loaned out. There is also a movie projector on loan to the DeLeon Project.

The Educator's ideas on writing health education for migrants is best described in her speech for the President's Committee. A copy of that speech follows:

"Communication Problems in Health Education -
Including Language and Other Problems"

"Vask dine haender." "VASK DINE HAENDER" ! Even when I tell you in a louder voice to wash your hands, it doesn't do much good unless I also say it in your language. It's obvious that health information given in a language foreign to the listener is a waste of time, but translating the material is not enough. It needs to be written especially for the people for whom it is intended, and then translated back to English so it can be printed bi-lingual.

Sometimes the basic four food charts are put into Spanish with the same pictures as the English version. The Mexican family might say, "Sure, I'll eat roast, if you'll buy it for me." There should be pictures based on their food patterns and their income. "Empanadas" (fried pies) can be made of chopped onions and cheese, or of scrambled eggs with onions and peppers. Pictures of these fried pies, or those with pumpkin for Vitamin "A", will show the basic four better than "ideal" pictures. Then a Spanish translation for those who can read Spanish will be an added bonus. Sometimes the sight of their language is a compliment and invites their cooperation even when they understand English fairly well. It lets them know you are willing to come to them.

Since there are people who read no language, and some people speak languages such as "Alabaman" which have no written form, health educators must be able to get ideas across with the spoken word and pictures. An "X" over what is not to be done, and no "X" over the right way is common in Mexican road signs and can be used for posters and fliers. The flier on home safety has a picture that asks a question. Everyone in the group is asked to circle the dangers in the home. In case some in the group do not read, they will understand when the leader reads the answers to everyone. This is hoped to start discussions on other dangers they may recall, and to remind them of changes they might make.

A good use of written material for those who can read is to remind them of information they have already been given orally. Even among people who read books often, few of them sit down at home and read a long booklet on health. With people who don't usually read more than a "Stop" sign, it is even less likely, unless they are motivated. Before I give anyone my booklet "Play With Your Children" ("Juega Con Tus Ninos"), I give a demonstration for parents. This is done with household articles such as plastic cups and clothes pins, and it shows mothers how to stimulate more awareness in the minds of their children. Dolls and the children who are at the meeting or clinic with their parents are used in the demonstration. Afterward, the booklets are distributed to take home as reminders.

An even better demonstration is one in which each person participates. When I demonstrate a donated soy - vitamin supplement, I have each man, woman and child over four years old make his own fried pie using tortilla dough with part soy, and any filling he wants. For a change of food habits, a poster or booklet is not enough. They must like the taste and know exactly how to use it. I started with a bi-lingual picture recipe, but I have found it is better just to show them in the same way they learned to cook all their food, "you add about a handful of the soy flour to about this much regular flour." (About two cups.)

Of course, where a demonstration is not always possible, audio-visual aides are helpful. One of the next best things to a demonstration is a scale model. The University of South Carolina has a model of a rural village which is used to teach about parasites. Filmstrips should be accompanied by records in the native language. If a movie made in the language is not available, a record or recording of the translated sound track should be made. Then the speaker may decide to listen to the record and say the message in his or her own words, or he may just play the record. However, the educator should remember that enlarged pictures or cartoons don't always have the meanings we hope. A child in Alaska, seeing a slide of an enlarged close-up view of a fly, sighed, "Thank goodness we don't have to worry about that. None of the flies around here are anywhere that big!"

In creating materials, an educator should think of what appeals to his potential audience - topics such as children, love, food, education and music. In this family planning poster, for example, we don't want to say, "You shouldn't have such a big family that you can't feed it properly." A more positive approach is "We know you want to take good care of your family."

A booklet written for the semi-educated, written on rats, should not name the technical names of rats and long descriptions. It should just start with, "You can keep the rats away from your children by....."

Besides being able to speak and write the listener's language (or second best, have a translator), an educator should understand facial expressions, silences and gestures. A warm hug (abrazo) is better introduction than just an explanation of who you are and what you represent. It says, "I, as a fellow human, feel the love we give each other. I know, in a way, what it feels like to be you, and together we can discuss health problems as well as other problems."

An educator learning the language should learn more than just the vocabulary. He needs to know how disease is talked about in the language. In Spanish, for example, one doesn't catch a disease, it sticks to you (se pega). Also, there are the previous beliefs on illness to contend with. It does no good to talk to a mother about protecting the food from flies if she thinks her child has diarrhea because its stomach is cold. It may be difficult to believe, but there are women having one child after another who have no idea how it happens. One lady told her employer, "I

think I'll stop using cream in my coffee. You never use cream, and you have such a small family." They need to know something about elementary sex education, but not a course in anatomy. They can take the pill and not get pregnant without knowing the names of all their organs. The main point to stress is that they know that the pill must be taken every-day of the schedule. Sometimes a lady learns a little about the pill, and then thinks it doesn't have to be taken on the days her husband is out of town.

Some ways to check and see if you are being understood and believed are to see the results. Are the same patients returning with parasites? Are your family planning patients in the maternity clinic? A quick check is just to ask a patient to tell you in her own words what she thinks you said. This will catch such errors as one I heard in a clinic, "Sure, I understand all the methods. Could you just tell me when I can make an appointment for my husband to have his I.U.D. put in?"

Samples of Health Education material that have been written are shown on pages iv through vii. Pages iv and v show the inside of an immunization booklet. This booklet was written after monthly tabulation reports showed a number of people only brought their children for the first of the series of D.P.T. shots.

The second flier was written after the Labor Camp Housing Law was passed. It is hoped that keeping camps clean would be a joint effort between farmers and migrants. The "X"'s are to convey the idea to those who perhaps can't read English or Spanish. The pictures on the two pages are actually put together as one, long flier.

Public Health Nursing Services

The Texas State Department of Health Migrant Project State and Area Public Health Nursing staff, under the administrative direction of the Project Medical Director or his designee, and through local Health Officers, will: (Objectives and related activities are as follows)

1. Provide assistance to local Projects in assessing and/or up-grading nursing programs on the basis of the "Program Guidelines for Migrant Health Projects Offering Direct Service."

> During the year, 852 nursing visits were made to local Projects to work with personnel in activities such as to help improve record keeping, reporting procedures, coordination with other agencies, and evaluating their own nursing programs to aid in improving local nursing programs.

2. Provide nursing consultation and direct assistance to local Projects, local Health Departments, and nursing personnel of unorganized counties in developing public health nursing programs geared to the needs of

agricultural migratory farm workers, seasonal farm workers, and their dependents, under the administrative direction of the Project Medical Director, Health Department Director and/or County or City Health Officers, to the extent possible.

During the year, 1086 nursing contacts were made; 852 as mentioned in counties having local Projects and, in addition, 234 contacts in counties without Projects.

The nurses assist, upon request, with local clinic activities and direct nursing services on a limited basis.

3. Promote and provide for the provision of public health nursing care for domestic agricultural farm workers, seasonal farm workers, and their dependents, to the extent possible, in local health jurisdictions without organized public health services and/or public health service programs designed to meet the public health needs of resident or migrant populations.

During the year, 234 nursing visits were made, as mentioned, in counties without Projects, for such activities as helping coordinate services of existing agencies where possible and/or arouse interest in developing agencies which might help promote public health nursing services.

4. Identify to local nursing and/or other health personnel, consultants available from divisions of the Texas State Department of Health and/or other agencies to assist in developing specific aspects of nursing programs, as requested.

The nurses continue to serve as liaison between Project nurses and nursing consultants from various divisions of the Texas State Department of Health and/or applicable consultants from other agencies.

5. Advise and assist local Projects in the selection of qualified nursing personnel, to the extent possible, and make concerted efforts to provide or arrange for initial orientation and continued in-service training for nursing personnel of Migrant Projects and of ancillary personnel recruited from the migrant population.

Whenever vacancies occur, the nurses attempt to furnish names of qualified personnel, assist with developing in-service training programs and help with plans for orientation of new personnel.

6. Provide a system of processing referrals to facilitate intra- and inter-state coordination of follow-up activities necessary for continuity of care to promote and protect the health status of the domestic agricultural migratory farm workers, seasonal farm workers, and their dependents.

Eighteen of the forty-two local health jurisdictions without local

health programs for residents or migrants, and recognized as migrant impact areas, received migrant referrals during 1971; ten counties returned completed referrals, for a completion rate of 22.6%. Twenty-two of the unorganized counties have migrant schools and the attendant health programs for migrant pupils; fourteen of these counties received migrant referrals during 1971; eleven counties returned completed referrals, for a completion rate of 72.2%. The State Migrant Project nurses, at the request and under the medical direction of local Health Officers, provided the public health nursing follow-up services in some of these counties, but on a very limited scale due to lack of time and personnel.

Nine of the eleven counties having both Migrant Projects and Migrant School Programs received migrant referrals during 1971; ten returned completed referrals, for a completion rate of 122.3%. Thirteen of fifteen counties having Health Departments and Migrant School Programs received migrant referrals; twelve returned completed referrals, for a completion rate of 74.6%. All nine of the counties having Health Departments, Migrant Health Projects and Migrant School Programs received migrant referrals and all nine counties returned completed referrals, for a completion rate of 120.8% because many of the completed referrals early in the year had been received late in 1970.

Twenty-one of the fifty-one counties having local Health Departments only received migrant referrals during 1971; seventeen returned completed referrals for a completion rate of 81.3%.

Environmental Sanitation Services

The Texas State Department of Health Migrant Project Environmental Sanitation staff, under administrative direction of the Project Director or his designee, will: (Objectives and related activities are as follows)

The environmental sanitation services of the Texas State Department of Health Migrant Health Project are presently provided by a Sanitation Consultant in the Central Office (Austin) and three (3) Area Sanitarians (Lubbock, San Antonio and San Benito). The overall activities of the environmental sanitation staff are summarized in this section of the report. The specific activities of each Area Sanitarian are reflected in appropriate Area reports.

As a result of a coordinated effort with local Migrant Health Projects, local Health Officers and other local governmental agencies, the State Migrant Health Project environmental sanitation staff will initiate programs to improve the living and working environment of the agricultural and seasonal farm worker and his dependents.

The Texas State Department of Health Migrant Health Project environmental sanitation staff has continued to work with local Migrant Health Projects' staffs in an effort to coordinate their activities with all local agencies within the community. The staff has encouraged the utilization of the Office of Economic Opportunity (Community Action Program) such as "Operation Mainstream" and "Neighborhood Youth Core."

In one Project, through a coordinated effort of the Project, Community Action Program, and the County Commissioners' Court, an overall community-wide clean-up program was initiated. The clean-up included tearing down of dilapidated buildings, removal of abandoned automobiles, and cleaning of vacant lots.

In another Project, using lumber donated by individuals, nails and paint donated by Commissioners' Court, and manpower of the Community Action Program, individual garbage racks were constructed.

Several local Migrant Health Projects conducted year-round rodent control programs. In most of these programs, the local Commissioners' Court furnished the rat bait.

As a result of following the new guidelines and environmental health services policies, the State Migrant Health Project environmental sanitation staff, through local Migrant Health Projects, local Health Officials, and other local governmental agencies, will develop new approaches to environmental problems affecting the agricultural and seasonal farm worker and his dependents.

The Texas State Department of Health Migrant Health Project environmental sanitation staff, with assistance from Mr. Reuel Waldrop, Chief, Community Demonstrations Project, National Communicable Disease Center, initiated fact-finding surveys in six (6) local Migrant Health Projects. The survey (Community Disease Control Demonstration) is designed to determine the medical and environmental conditions and establish methods of improving the community's health and environmental conditions. The Projects are in various stages of completion of the program. Most of the Projects have completed their initial phase (Community Stratification) and have set priorities for continuing activities. On completion of the program, the overall community status, including the migrant population, will be known. The program will enable each Project to set up short- and long-range goals and provide a systematic approach to accomplishing these goals.

As a result of becoming more aware of all available resources, Federal State and Local, the State Migrant Health Project environmental sanitation staff will emphasize the maximum utilization of these resources to the fullest extent possible for improved housing, sanitary facilities, employment, education, etc.

The Texas State Department of Health Migrant Project environmental sanitation staff has continued to provide up-to-date information to local Migrant Health Projects, local officials, and individuals concerning new programs which will benefit the migrant population. The staff has, in many instances, served as intermediary between the Farmers Home Administration Representatives and individuals. In some instances, the staff has assisted in the development of the loan application. Since the enactment of the Texas Labor Camp Law, much interest has been expressed by Growers' Associations and individual farmers concerning the availability of grants and loans to build new labor housing facilities or remodel existing facilities. The Texas State Department of Health Migrant Project environmental sanitation staff has participated in a number of meetings with the Farmers Home Administration Representatives and interested associations and/or individuals. One large labor housing project is under way and several others are being considered. The Texas State Department of Health Migrant Health Project environmental sanitation staff continues to assist in the development of a bi-county water supply system.

As a result of compliance with the guidelines and the reporting kit, the State Migrant Health Project environmental staff will develop new and initiative environmental programs rather than the traditional inspectional programs. This will include safety and accident hazards both in the living and in the working areas.

The Texas State Department of Health Migrant Health Project environmental sanitation staff has endeavored to initiate programs in such areas as home, camp and field safety. The staff has worked with the Division of Industrial Hygiene and Occupational Safety of the Texas State Department of Health concerning vegetable packing sheds. At the present time, the Migrant Health Project staff is conducting a survey to locate all vegetable packing sheds in the State.

As a result of closer coordination with local Migrant Health Projects, local Health Officials, local governmental agencies and other groups and/or individuals, the Texas State Migrant Health Project environmental sanitation staff will obtain and record environmental data and resources available, affecting the agricultural and seasonal farm worker and his dependents in high migrant impact areas.

The Texas State Department of Health Migrant Health Project environmental sanitation staff has continued to compile information relative to environmental conditions and resources available. It is estimated there are over 800 migrant labor camps in Texas. Approximately 10% of these camps will be in compliance with the Texas Labor Camp Law. The individual migrant homes have improved; however, approximately 40% are still sub-standard. Resources for home and labor camp improvement are available through the Farmers Home Administration.

The Sanitation Consultant

The Sanitation Consultant, under the direct supervision of the Project Medical Director, is responsible for the environmental sanitation program of the Texas State Department of Health Migrant Health Project. The Sanitation Consultant has reviewed all monthly and annual reports from local Migrant Health Projects and made recommendations to improve their activities. The Sanitation Consultant made 78 visits to local Migrant Projects during this reporting period. These visits were made to disseminate information, review Project activities and make recommendations for improvement. Information of available resources from Federal and State agencies was provided to local Migrant Health Projects. The Sanitation Consultant also provided assistance in administration such as interpretation of Federal policies, assisted in preparation of new and continuation applications, budget revisions and consultation on administrative procedures.

The Sanitation Consultant made twenty (20) visits to Area offices to disseminate information, coordinate activities and promote the "team approach." The Sanitation Consultant also assisted Area Project personnel in Area staff meetings and "in-service" training programs for local Migrant Project personnel.

The Sanitation Consultant worked with a number of Federal, State and local agencies such as the Farmers Home Administration, Texas Good Neighbor Commission, Texas Employment Commission and local Community Action Programs.

The Sanitation Consultant spent considerable time during this reporting period concerning the enactment of the Texas Migrant Labor Camp Law. The Sanitation Consultant testified before the sub-committees of both the Texas State House of Representatives and the Senate. The Sanitation Consultant participated in the drafting of the minimum health and safety standards for migratory labor camps and in the development of migrant labor camp programs, including the the procedures for applying for licensing of all labor camps. The Sanitation Consultant worked with the Texas Good Neighbor Commission and Texas Employment Commission in the dissemination of information concerning migrant labor camps to various local agencies and/or individuals.

After the Texas Migratory Labor Camp Law was enacted and minimum health and safety standards were developed, information was received that a new Federal Standard, William-Steiger Occupational Safety and Health Act of 1970, had been published in the Federal Register. These Regulations were, in some areas, particularly in space requirements, considerably more strict than the Texas Regulations. The Sanitation Consultant participated in a meeting with Representatives from the Department of Labor (Occupational Safety and Health Administration, Department of Health, Education and Welfare, Region VI, Migrant Health Program, and Department of Health, Education and Welfare, Washington) to discuss merits of each set of Regulations. The Sanitation Consultant wrote a comparison between the two

sets of Regulations. Several conferences were held with the Texas State Department of Health Division of Occupational Safety concerning these two sets of Regulations.

The Sanitation Consultant has spent considerable time with a local Community Action Program Director and local officials from three (3) counties in an effort to develop a grant application for the three (3) county area. A meeting was also held with the local Medical Society.

The Sanitation Consultant has served as a liaison between the Communicable Disease Center, Community Demonstration Project and six (6) local Migrant Health Projects participating in the Community Demonstration Project.

The Sanitation Consultant has participated in the development of local consumer Advisory Boards in four (4) local Migrant Health Projects.

The Sanitation Consultant has consulted frequently with the Region VI office Migrant Health Representative concerning changes in Federal policies, migrant population and conditions, State Migrant Project activities, local Migrant Project activities, etc.

The Sanitation Consultant will continue to provide direct and indirect services to Federal, State and local agencies and individuals to improve the health and welfare of the migrant farm worker and his dependents.

The Texas State Department of Health Migrant Project will continue to accumulate substantive health data through the following objectives and activities:

1. Compilation, analysis, and interpretation of electronic data processing of records relative to inter-area referrals on all migrant cases directed through the Texas State Department of Health Migrant Project Referral Program.

During this reporting period, individual migrant health data has been relayed to Data Processing; however, sufficient information has not been relayed to the system in order to receive adequate data on a quarterly basis. Since the print-out of 1970, an additional 4938 individual migrant referrals have been recorded on computer cards and sent to Data Processing, but no further report has been requested because, due to the lack of adequate clerical help following the budget cut of the past year, and the heavy influx of referrals, the 1971 migrant referrals have not all been transferred to computer cards.

On July 1, 1971, all Texas Health Departments and local Migrant Projects were requested to begin using the new Texas migrant referral form which is the computer card form designed to speed up the processing time in the Central Office as there would be no need to transfer information from the old referral form to a computer card, thus saving clerical time. However, a few local Projects still persist in using the old form; many new forms are incorrectly

completed and the Central Office clerk has to re-type the referral or make several changes before the referral can be processed.

There have been referrals, requests for information, referrals returned for lack of address, or other correspondence pertaining to migrants between Texas and thirty-six other states; 509 referrals for service were sent from Texas to thirty-two states and 1552 were sent to Texas from twenty-three states.

Twenty-three counties within Texas have sent 263 migrant referrals to fifty-three Texas counties.

Including initiating referrals, completions, requests for information, reports of information, referrals re-directed to another address, and referrals returned for lack of address, 4921 items of correspondence were processed by the Texas State Migrant Project Referral Program staff in 1971.

The following information provides an overview of data received by the providers of service, for follow-up and continuity of care for migrants referred for service:

MIGRANT REFERRALS BY SEX, AGE, AND I.C.D. CLASSIFICATIONS

I. Infective and Parasitic Diseases

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	5	7	9	14	7	3	5	50
Female	2	10	15	19	7		3	56

II. Neoplasms

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	1	1		3	1			6
Female			3	6	3		1	13

III. Endocrine, Nutritional, and Metabolic Diseases

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	1	5	4	30	39			79
Female	3	2	1	83	96	2	1	188

IV. Diseases of Blood and Blood Forming Organs

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	1	5	5	2			1	14
Female		5	14	48	8		1	76

V. Mental Disorders

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male		3	8	5	2		1	19
Female		4	4	19			1	28

VI. Diseases of the Nervous System and Sense Organs

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	1	8	22	10	2		2	45
Female	2	8	21	21	3	1	1	57

VII. Diseases of the Circulatory System

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	2	2	11	6	26	4		51
Female			6	45	42	6	3	102

VIII. Diseases of the Respiratory System

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	6	15	20	10	8	2	3	64
Female	5	15	21	24	6	1	4	76

IX. Diseases of the Digestive System

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	4	19	139	25	18	1	1	207
Female	2	7	129	44	22		2	206

X. Diseases of the Genito-urinary System

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male		2	5	4	9			20
Female		2	33	39	11		1	86

XI. Complications of Pregnancy, Childbirth, and the Puerperium

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	-	-	-	-	-	-	-	-
Female	-	-	-	18	-	-	-	18

XII. Diseases of the Skin and Subcutaneous Tissue

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	1	5	3	8	1	1	-	19
Female	-	4	6	14	1	1	-	25

XIII. Diseases of the Musculoskeletal System and Connective Tissue

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	1	8	12	13	19	-	-	53
Female	1	11	5	16	18	4	-	55

XIV. Congenital Anomalies

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	2	3	2	-	1	-	-	8
Female	3	7	6	-	-	-	-	16

XV. Certain Causes of Perinatal Morbidity and Mortality

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-

XVI. Symptoms and Ill-Defined Conditions

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	-	-	-	4	1	-	-	5
Female	-	-	3	8	4	-	1	16

XVII. Accidents, Poisonings, and Violence

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	-	2	5	4	4	1	-	16
Female	-	4	5	2	2	-	-	13

XVIII. Special Conditions and Examinations Without Sickness

	Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
Male	20	39	96	143	60	9	26	393
Female	32	45	105	735	58	5	21	1001

Grand Total All Ages in All Categories

Under 1	1-4	5-14	15-44	45-64	65+	No Age Given	Total
95	248	742	1419	479	40	79	3081

The following table reflects the rating and per cent of services by categories:

1.	XVIII - 44.94%	7.	XIII - 3.48%	13.	XVII - 0.93%
2.	IX - 13.31%	8.	I - 3.41%	14.	XIV - 0.74%
3.	III - 8.61%	9.	VI - 3.28%	15.	XVI - 0.67%
4.	VII - 4.93%	10.	IV - 2.90%	16.	II - 0.61%
5.	VIII - 4.51%	11.	V - 1.51%	17.	XI - 0.57%
6.	X - 4.09%	12.	XII - 1.41%	18.	XV - -0-

2. Compilation, analysis, and interpretation of data accumulated by organized local Migrant Health activities throughout the State.

The following table provides an overview of services rendered by local Migrant Health Projects throughout the State. The total migrant population served by the twenty (20) local Migrant Health Projects is 166,235.

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTALS
I	01-	Infective and Parasitic Diseases	3837
	010	Tuberculosis	687
	011	Syphilis	63
	012	Gonorrhea and Other Venereal Diseases	127
	013	Intestinal Parasites	410
		Diarrheal Disease (Infectious or unknown origin):	
	014	Children under 1 year of age	378
	015	All other	933
	016	"Childhood Diseases" - mumps, measles, chickenpox	390
	017	Fungus Infections of Skin (Dermatophytoses)	304
	019	Other Infective Diseases	379

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTALS
II.	02-	Neoplasms	188
	020	Malignant Neoplasms	114
	025	Benign Neoplasms	43
	029	Neoplasms of uncertain nature	31
III.	03-	Endocrine, Nutritional, and Metabolic Diseases	3236
	030	Diseases of Thyroid Gland	139
	031	Diabetes Mellitus	1319
	032	Diseases of Other Endocrine Glands	10
	033	Nutritional Deficiency	398
	034	Obesity	741
	039	Other Conditions	529
IV.	04	Diseases of Blood and Blood Forming Organs	1259
	040	Iron Deficiency Anemia	1145
	049	Other Conditions	114
V.	05-	Mental Disorders	586
	050	Psychoses	54
	051	Neuroses and Personality Disorders	150
	052	Alcoholism	20
	053	Mental Retardation	68
	059	Other Conditions	294
VI.	06-	Diseases of the Nervous System and Sense Organs	2685
	060	Peripheral Neuritis	27
	061	Epilepsy	168
	062	Conjunctivitis and other Eye Infections	421
	063	Refractive Errors of Vision	183
	064	Otitis Media	1334
	069	Other Conditions	552
VII.	07-	Diseases of the Circulatory System	1854
	070	Rheumatic Fever	76
	071	Arteriosclerotic & Degenerative Heart Disease	103
	072	Cerebrovascular Disease (Stroke)	47
	073	Other Diseases of the Heart	315
	074	Hypertension	991
	075	Varicose Veins	138
	079	Other Conditions	184

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTALS
VIII.	08-	Diseases of the Respiratory System	11838
	080	Acute Nasopharyngitis (Common Cold)	2802
	081	Acute Pharyngitis	1093
	082	Tonsillitis	2109
	083	Bronchitis	1204
	084	Tracheitis/Laryngitis	142
	085	Influenza	631
	086	Pneumonia	348
	087	Asthma, Hay Fever	470
	088	Chronic Lung Disease (Emphysema)	1486
	089	Other Conditions	1553
IX.	09-	Diseases of the Digestive System	2936
	090	Caries and Other Dental Problems	396
	091	Peptic Ulcer	163
	092	Appendicitis	63
	093	Hernia	165
	094	Cholecystic Disease	382
	099	Other Conditions	1767
X.	10-	Diseases of the Genitourinary System	2617
	100	Urinary Tract Infection (Pyelonephritis, Cystitis)	857
	101	Diseases of Prostate Gland (excluding Carcinoma)	20
	102	Other Diseases of Male Genital Organs	94
	103	Disorders of Menstruation	362
	104	Menopausal Symptoms	328
	105	Other Diseases of Female Genital Organs	632
	109	Other Conditions	324
XI.	11-	Complications of Pregnancy, Childbirth and the Puerperium	870
	110	Infections of Genitourinary Tract during Pregnancy	62
	111	Toxemias of Pregnancy	35
	112	Spontaneous Abortion	56
	113	Referred for Delivery	274
	114	Complications of the Puerperium	52
	119	Other Conditions	391
XII.	12-	Diseases of the Skin and Subcutaneous Tissue	2720
	120	Soft Tissue Abscess or Cellulitis	466
	121	Impetigo or Other Pyoderma	821
	122	Seborrheic Dermatitis	140
	123	Eczema, Contact Dermatitis, or Neurodermatitis	548

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTALS
	124	Acne	35
	129	Other Conditions	710
XIII.	13-	Diseases of the Musculoskeletal System and Connective Tissue	1462
	130	Rheumatoid Arthritis	110
	131	Osteoarthritis	116
	132	Arthritis, Unspecified	482
	139	Other Conditions	754
XIV.	14-	Congenital Anomalies	303
	140	Congenital Anomalies of Circulatory System	164
	149	Other Conditions	139
XV.	15-	Certain Causes of Perinatal Morbidity and Mortality	38
	150	Birth Injury	21
	151	Immaturity	7
	159	Other Conditions	10
XVI.	16-	Symptoms and Ill-Defined Conditions	2146
	160	Symptoms of Senility	2
	161	Backache	427
	162	Other Symptoms Referrable to Limbs & Joints	392
	163	Headache	457
	169	Other Conditions	868
XVII.	17-	Accidents, Poisonings, and Violence	1572
	170	Lacerations, Abrasions and Other Soft Tissue Injuries	694
	171	Burns	137
	172	Fractures	265
	173	Sprains, Strains, Dislocations	239
	174	Poison Ingestion	13
	179	Other Conditions due to Accidents, Poisoning, or Violence	224
		SUBTOTAL	40,155
XVIII.	2--	Special Conditions and Examinations Without Sickness	113,936
		TOTAL - ALL CATEGORIES	154,091

The top ten (10) conditions seen in local Project Clinics and by local Project physicians, excluding XVIII, Special Conditions and Examinations Without Sickness, are as follows:

VIII	Diseases of the Respiratory System	11838
I	Infective and Parasitic Diseases	3837
III	Endocrine, Nutritional and Metabolic Diseases	3236
IX	Diseases of the Digestive System	2936
XII	Diseases of the Skin and Subcutaneous Tissue	2720
VI	Diseases of the Nervous System and Sense Organs	2685
X	Diseases of the Genitourinary System	2617
XVI	Symptoms and Ill-Defined Conditions	2146
VII	Diseases of the Circulatory System	1854
XVII	Accidents, Poisonings and Violence	1572

It should be noted that the two leading categories, XIII, Diseases of the Respiratory System and I, Infective and Parasitic Diseases, have a close association with the living and working environment of the migrant farm worker and his dependents.

3. Compilation, analysis and interpretation of data accumulated through Federal, State and local agencies and other agencies in those areas with high migrant concentration and without organized Migrant Health Program activities.

The Texas State Department of Health Migrant Health staff has attempted to secure information concerning migrant population and conditions through local agencies such as Community Action Program, local Texas Employment Commission Representatives, county agencies and Commodity Food Program. Texas migrant farm workers and their dependents can be found living and working in 169 of the 254 counties in Texas. The Texas State Department of Health Migrant Health Project staff continues to compile migrant health data from all available resources as the Texas Good Neighbor Commission, Texas Education Agency and Texas Employment Commission.

4. The Texas State Department of Health Migrant Project, in coordination with the Federal Migrant Program, will continually provide direct and indirect assistance to Federal, State and local agencies and/or organizations, group or individual, and local Migrant Health Projects to develop comprehensive programs for the Texas agricultural and seasonal farm worker and his dependents in Texas.

The Texas State Department of Health Migrant Project has on numerous occasions conferred with the Federal Migrant Program, especially Region VI personnel, concerning overall and specific developments for a comprehensive program to benefit the agricultural migrant farm workers and the seasonal farm workers and their dependents.

The number of Texas agricultural migrant workers in Texas has continued to decline in recent years. The Texas State Department of Health Migrant Project will continue to analyze, plan, develop and coordinate public health and allied efforts to promote and protect the health and welfare status of the migrants and seasonal farm workers and their dependents.

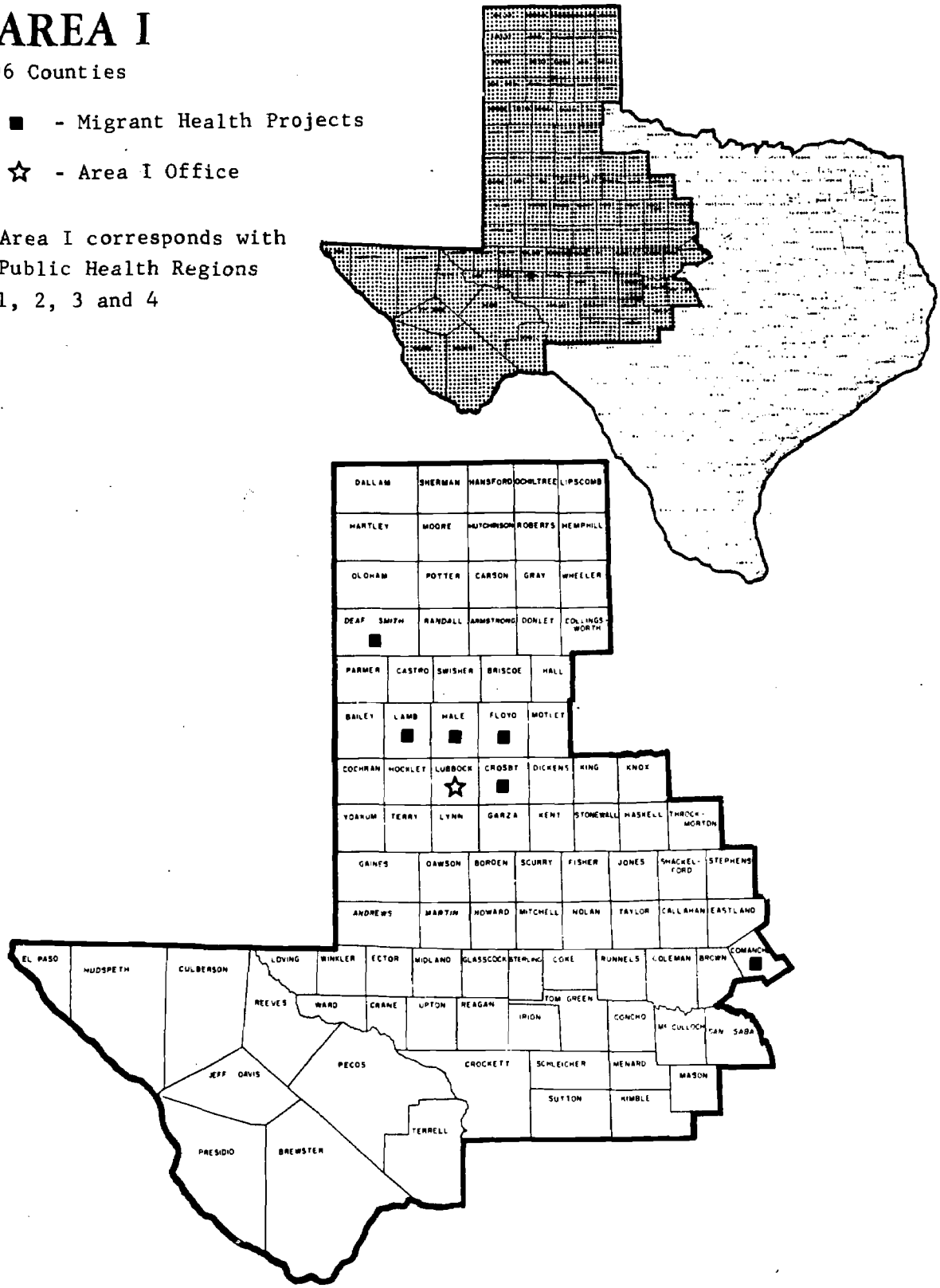
AREA I

96 Counties

■ - Migrant Health Projects

☆ - Area I Office

Area I corresponds with
Public Health Regions
1, 2, 3 and 4



TEXAS MIGRANT HEALTH PROJECT - AREA I

Scope of Area I

Area I of the Texas Migrant Health Project includes the northern one-third of the State. Area I includes ninety-six (96) counties and covers 116,403 square miles. This area also corresponds with Regions 1, 2, 3 and 4 of the Texas State Department of Health Comprehensive Planning Regions. This area also includes six (6) Council of Government Planning Regions. Area I is primarily a rural part of Texas. The three (3) largest cities are El Paso, Lubbock and Amarillo. The industry varies from ranching in far West Texas, Panhandle and the "rolling plains", oil and gas in West Texas and farming (irrigated and dry land) over the rest of Area I.

The majority of migrant and seasonal farm workers are utilized in the South and High Plains areas of Texas. These parts of the State encompass approximately twenty-three (23) counties. Other counties outside of this area use migrant and seasonal farm labor, but not in concentrated numbers. This is due to the limited production of crops using this type of worker. Estimated migrant population is 82,803.

After previous years of experimenting with vegetables, it is now a reality that this is an additional cash crop for farmers in Area I. This fact is attested to by the numerous packing facilities now in full operation throughout the area and the influx of laborers to harvest the crops. Primary vegetables in production include carrots, cabbage, cucumbers, potatoes, lettuce, onions, pinto beans, tomatoes, watermelons and cantalopes. Grain sorghum, cotton and sugar beets continue to be the primary cash crops. Of course, the brightness of the vegetable production future in this area is not without its problems. These are primarily late and early freezes, too much or not enough rain, hail damage, low prices, and adequate manpower for harvest. In the spring of 1971, hail and heavy rain caused many farmers to replant their crops several times. The fall was one of the wettest years on record. Soggy fields and cool weather delayed harvest. In December, 90% of the cotton was still to be harvested.

Each year Area I becomes increasingly more important as a "home-base" area. The majority of the migrant population are "in-migrants" from the South Texas Area. They frequently use Area I for a "rest area" or for their final destination for the harvest seasons. Migrants were certainly prevalent in Area I this year. Some of the Migrant Health Projects in Area I report the biggest increase of these people since their initial year. Many clinics conducted in the Migrant Health Projects are experiencing record numbers.

Area I is now fully staffed, after filling the positions of Environmental Sanitation Consultant in July, and the clerk in June. The Nursing Consultant has been in the current position for the past eight (8) years. The staff continues to be available to the Migrant Health Projects in Area I, plus non-project counties with high migrant population. Program areas requiring the majority of the Area I staff's time include Administration, Environmental Services, Nursing, and Resource Coordination.

Migrant Health Needs

Area I is primarily an in-migrant area. This fact in itself poses a special problem for the migrant farm worker and his family's health needs. They arrive into the area with little funds for food and housing. This forces them to move into areas with poor housing, unsafe water supplies, and lack of proper food for a nutritious diet. After the long drive from their homebase, many children arrive into the area in ill health. After reviewing Migrant Health Projects disease records, one will find the more common communicable diseases are most prevalent among migrant farm worker families. Many disease conditions are attributed to poor personal hygiene, improper food handling, and vector control.

Many times medical attention is not available to the migrant. Reasons for this fact may be lack of medical manpower, lack of funds, and the lack of the migrant's ability to recognize disease symptoms early and seek medical care.

The establishing of Migrant Health Projects in Area I with high migrant populations has greatly alleviated the migrant farm workers' health needs. Six (6) Migrant Health Projects in Area I are providing the migrant farm worker and his family comprehensive health care. Nursing, Environmental Health, and Health Education offer a well-rounded program to provide the migrants with a better way of life conducive to good health. Of the six Migrant Health Projects in Area I, five of them are the only means of "public health care" available in their respective counties. Reviewing Migrant Health Projects of Area I, annual reports indicate that the number of re-visits has increased, which indicates further that the migrants are seeking medical attention when needed. Projects that have operated over a couple of years are seeing the same migrant families returning to the area. It is apparent that these people wish to work where medical attention is available.

The following is a list of local migrant health projects and the services provided:

CROSBY COUNTY MIGRANT HEALTH PROJECT (MG-108)
Mr. T. J. Taylor, Project Director
Dale R. Rhoades, M.D., Project Medical Director
Post Office Box 462
Crosbyton, Texas 79322
Phone: 675-2021 (806)
Grantee: Crosby County Commissioners' Court
Services: Dental, Health Education**, Out-Patient Medical Care, Nursing, Sanitation, Hospitalization

DEAF SMITH COUNTY MIGRANT HEALTH PROJECT (MG-214)
Mr. Gary Stagner, Project Administrator
Howard R. Johnson, M.D., Project Medical Director
902 East Fourth Street
Post Office Box 2113
Hereford, Texas 79045
Phone: 364-2691 (806)
Grantee: Deaf Smith County Public Health Clinic, Inc.
Services: Dental, Health Education**, Out-Patient Medical Care, Nursing

FLOYD COUNTY MIGRANT HEALTH PROJECT (MG-141)
Hon. J.K. Holmes, County Judge, Project Director
Jack G. Jordan, M.D., Project Medical Director
Floyd County Courthouse, Room 206
Floydada, Texas 79235
Phone: 983-2244 (806)
Grantee: Floyd County Commissioners' Court
Services: Dental, Health Education**, Out-Patient Medical Care, Nursing, Sanitation, Optometric

HALE COUNTY MIGRANT HEALTH PROJECT (MG-37)
Mr. James David Oates, Project Administrator
Gerald W. Wagner, M.D., Project Medical Director
Post Office Box 1738
Plainview, Texas 79072
Phone: 293-1359 (806)
Grantee: Plainview-Hale County Health District
Services: Health Education**, Hospitalization, Out-Patient Medical Care, Nursing

LEON VALLEY MIGRANT HEALTH PROJECT (MG-140)
Mr. J. L. Chandler, Assistant Project Director
F. A. Eisenrich, M.D., Project Medical Director
Post Office Box 30
De Leon, Texas 76444
Phone: 893-2332 (817)
Grantee: De Leon Municipal Hospital
Services: Dental, Health Education**, Out-Patient Medical Care, Hospitalization, Nursing, Sanitation

LITTLEFIELD-LAMB COUNTY MIGRANT HEALTH PROJECT (MG-139)
Mr. Pat D. Bradley, City Manager, Project Director
J. H. Oyer, M.D., Project Medical Director
Post Office Box 1267
Littlefield, Texas 79339
Phone: 392-5831 (806)
Grantee: Littlefield City Council
Services: Dental, Health Education**, Out-Patient Medical Care, Nursing, Sanitation, Optometric

**Not specified component - all staff members participate

Resource Development

One of the primary responsibilities of the Area I staff is to coordinate available resources to better serve the migrant farm worker and his family. This information and program development is continually being explored and carried out with the Migrant Health Projects as well as counties not having Migrant Health Projects.

Areas of Resource Development:

1. Health Departments - Of ninety-six (96) counties in Area I, there are only twenty-one (21) Health Departments. One Migrant Health Project is integrated with a Health Department, and five (5) Migrant Health Projects are in counties with high migrant and seasonal farm worker populations, but no Health Departments.

2. Texas State Programs - Frequently more extensive services can be provided for the migrants by the following programs:

    a. Referral System - Continuous follow-up of health conditions of migrants and their families as they travel from area to area.
    b. Tuberculosis Program
    c. Crippled Children Program
    d. Immunization Program

e. Cancer-Heart Program
f. Diabetic Screening Program
g. Biologicals and Laboratory Service
h. Venereal Disease (Case Finding & Treatment)
i. PKU Testing
j. Family Planning
k. Commission for the Blind
l. Vocational Rehabilitation

3. Community Action Programs - In the counties with Migrant Health Projects certain services that cannot be provided are sought in order to help the migrant.

4. County Welfare and Commodity Program

5. Civic and Local Volunteer Organizations

6. County and City Governmental Agencies

7. Consultation - Communicable Disease Center, Farmer's Home Administration, Texas Employment Commission

8. Headstart, State School Migrant Programs, Child Day Care Centers. The present State School Migrant Programs have an enrollment of 9,231. During this reporting period, three new Day Care Centers have become operational.

Area Activities

The Area I staff provide consultation and coordination of health programs to Migrant Health Projects and other counties with high migrant population. In most cases the "team approach" is used in developing programs or problem solving. Indirect and direct services provided include budgetary and fiscal, administration and program development, along with technical assistance in fields of Nursing and Environmental Health.

1971 Activities - (Team Approach)

1. Resource Coordination:
This area was promoted through group and person-to-person contacts concerning Migrant Health and those programs listed in the section on Resource Development.

2. Orientation and In-Service Training of New Personnel:
In Area I, a total of fifteen (15) personnel changes were made. This included two (2) administrators, five (5) nurses, three (3) sanitarians, three (3) aides, and two (2) clerks.

3. Advisory Board Development:
Area I staff attends as many Migrant Health Project Advisory Board meetings as possible. Information is provided at these meetings in relation to Migrant Health Programs.

4. Initiation of Family Service Clinics:
Considerable time has been spent in this area of program development. Family Service Clinics are now in operation in five (5) of six (6) projects with negotiation of the sixth project currently being considered.

5. Assistance with Annual Progress Reports and Budget Preparation.

6. Assisting Migrant Health Projects in obtaining better facilities.

7. Initiation of Area I Migrant Health Project staff meetings.

8. Participation in Community Block Surveys. This survey defines economic stratifications, environmental conditions, and disease prevalence rates in a particular community.

9. Relocation and assignment of equipment in various projects.

Area I Objectives for 1972

1. It has become imperative that a broader and more comprehensive health care needs to be provided for the migrant and seasonal farm worker. One of the greatest short comings of the existing Migrant Health Projects is health care for migrants frequently stops at county lines. The present system of funding and organization of the Migrant Health Project creates this situation.

Regionalizing existing Migrant Health Projects into multi-county operations could provide a better health care plan and utilization of medical manpower. Administration of the program would be reduced considerably. The primary benefit from this type of organization would be to serve a greater migrant and seasonal farm worker population.

The Area I Environmental and Nursing Consultants will devote considerable time in developing this approach for Migrant Health Care. This will be done in making initial contacts for a sponsoring grantee board, medical manpower, and medical care facilities.

2. Conduct Area I Migrant Health Project staff meetings three (3) times per year.

   This is an opportunity to provide additional resource information in relation to the Migrant Health Projects. It provides a means for personnel to exchange new ideas and programs.

3. The Environmental and Nursing Consultants will develop in-service training programs for Area I Migrant Health Project staff according to areas of indicated need. New personnel will be given orientation of project programs and in-service training as needed.

4. Area I staff will continue to give consultation and assistance to Migrant Health Projects in areas of Administration, Nursing Services, and Environmental Services.

Nursing Services

The Area I Nursing Consultant is under the direct supervision of the Acting Medical Director for the Texas Migrant Health Project. This position has been held during the past eight (8) reporting periods of the Texas Migrant Health Program.

The Area I office is located within the City-County Health Department which in turn is located in Lubbock, Texas.

Public Health Nursing services, within Area I of the Texas State Department of Health - Migrant Project, has been directed toward achieving health services for migrants within local health jurisdictions to utilize all existing organized health programs to the extent possible.

Consultation on administrative matters was deemed as first priority during the absence of the Environmental Consultant. A great deal of time and effort has been expended in order to help orient new Area I personnel to the Migrant Health Program.

The Public Health Nursing activities are coded in a manner that should be self-explanatory. The following tabulation report reflects in general the nursing activities for the Public Health Nurse in Area I during this reporting period:

TEXAS STATE DEPARTMENT OF HEALTH
MIGRANT HEALTH PROJECT
ANNUAL REPORT NURSING TABULATION
March 1, 1971 to February 29, 1972

A.	NURSING SERVICES		
1.	Promotional Activities:		13
	a. Official Groups	7	
	b. Professional Groups		
	c. Civic Groups		
	d. Individuals	6	
2.	Project Activities-Consultative		492
	a. Administrative	265	
	b. Coordinator of Services	76	
	c. Nursing Services	101	
	d. "In-Service" Training Services	46	
	e. Health Education	4	
3.	Project Activities - Direct Services:		13
	a. Nursing Services	1	
	b. Other	12	
4.	Non-Project Counties:		137
	a. Consultative	131	
	b. Direct Services	6	
5.	Other Activities		1
	Staff Conference (Austin)	1	
B.	EDUCATIONAL		
1.	Conferences:		37
	a. Individuals	21	
	b. Groups	16	
2.	Attendance: Seminar, Workshops, etc.		3
3.	Literature Distributed:		
	a. Individuals ( ) Distribution ( )		
	b. Schools ( ) Distribution ( )		
	c. Organizations (1) Distribution (1200)		

Special Activities:

1. In the past reporting period due to the vacancy of the Environmental Consultant position for four (4) months plus the vacancy of the clerical position, additional responsibilities were assumed in administrative and clerical roles for Area I.

2. The definite need for Family Service Clinics has necessitated increased efforts in this area of migrant medical care. Two (2) Family Service Clinics have been started and a third clinic is currently being negotiated. Five (5) of the six (6) projects in Area I have Family Service Clinics.

3. Assisted with in-service training for personnel of the three (3) new Child Development Centers (for migrant children) in Deaf Smith, Hale and Lubbock counties.

4. A great amount of effort and time was expended in promoting utilization of the migrant referral form.

5. Clinic assistance was given in five (5) migrant impact counties with inadequate nursing manpower when this service was requested by the Acting Director of the Health Unit.

6. A close working relationship has been maintained with school nurses which enabled consultation regarding necessary medical care for students.

7. The new budget forms which required additional data for justification increased the need for assistance with Migrant Health Projects' Continuation and/or Renewal Applications.

8. Certification of migrants to be seen in Family Service Clinics has been very time consuming. Following a suggestion which would alleviate this problem, a certification card was designed by the Hale County Migrant Health Project Administrator.

   The following letter pertains to this newly devised card and will further explain its use and the need to have such a form devised. Also, the actual card is shown that is being used for this purpose.

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Plainview - Hale County Health Department

GERALD W. WAGNER, M. D.
Acting Director

Affiliated with Texas State Department of Health
Tenth & Ash Streets - Box 1738
Plainview, Texas 79072
Area Code &
Telephone 29

December 3, 1971

PLAINVIEW-HALE COUNTY MIGRANT HEALTH PROJECT
CERTIFICATION CARD

HEAD OF HOUSEHOLD _____

ADDRESS _____

CITY _____

DATE OF CERTIFICATION _____

PERMANENT HOME _____

AUTHORIZED SIGNATURE _____

THIS CARD FOR IDENTIFICATION ONLY
NOT APPROVAL FOR PAYMENT OF MEDICAL SERVICES

Geneva Shropshire, Nursing Consultant
Region I, Migrant Health
Lubbock City-County Health Department
1202 Jarvis
Box 2548
Lubbock, Texas 79400

Dear Geneva:

Some weeks ago we discussed the possibility of a Migrant Certification Card for purposes of identification. At that time I did not feel we had a need for this additional item. I have discovered that with our increased patient load and improved Family Service Clinics, we now have a need for an item of this nature to aid us in our administrative process. By having this as a means of identification we expect to provide faster service to the migrant with more efficiency. This will also alleviate repetitious questions that must be answered each time the individual comes to the clinic for service.

Enclosed you will find a copy of the card we are currently using. The space for the social security number was omitted, however, we are placing this number at the top of the card.

Thank you for your participation in promoting this system. We would like to see this implemented throughout our region as well as the state.

Sincerely yours,

J. David Oates

J. David Oates
Administrative Assistant

JDO:afj

Enclosures

cc: Bill Mittag, Lubbock City-County Health Department

Nursing Objectives:

1. Arrangements will be made for an in-service training program to insure health aides are used effectively.

2. Promotion of dental services in one county where a Migrant Project is established will be pursued.

It should be noted that the above listed nursing objectives are those which this nurse has established in addition to the objectives set before in this report as overall Area I objectives to be accomplished by the "team approach" method.

Nursing Case History:

The following nursing case history is written in order to help demonstrate some of the activities which the Area I nursing consultant is involved in daily:

The Acting Director of a Health Unit within Area I had indicated a need for coordinating resources. The suggestion was pursued when I was in his area to contact agencies regarding the State Migrant Health referral form and for follow-up care. The Public Health Nurse upon receipt of a referral made a home visit, but often the patient had not returned. Time did not allow a second visit. The Community Action Program Director was thus contacted by the Area I Nursing Consultant and addresses were provided for follow-up. The majority of these people will be visited by the Health Aide from this program. The Director of the program agreed to notify the Public Health Nurse when patients in need of care had arrived in the area. The caseworker with the Food Stamp Program felt that the majority of the migrant people returning to the area would come into their office for stamps. This would enable the Food Stamp Program Director to provide the Public Health Nurse with information that was needed. The caseworker with the Food Stamp Program is also the agency utilized as a referral agency for family planning. All three agencies felt this approach would enable better utilization of time and effort.

Environmental Services

The Area I Environmental Consultant is under the direct supervision of the Acting Medical Director and the State Environmental Consultant. This position was filled in July, 1971. The vacancy occurred when the previous person applied for an educational leave and later resigned.

The Area I office is located in the City-County Health Department situated in Lubbock.

The Area I Environmental Consultant has provided a direct and indirect service to local Migrant Health Projects, Federal, State and local agencies, and other counties without Migrant Health Projects.

In addition to Environmental Health Programs, primary assistance has been in the areas of administration including program development, budgetary and fiscal, and annual reports.

Local Migrant Health Projects containing Environmental components received consultation and direct assistance in the various Environmental programs.

Special Activities:

1. The Environmental Consultant has been involved in the areas of fiscal and budget preparation and program development in the Area I Migrant Health Projects. Assistance has been given in the interpretation of program guidelines and new directives regarding the operation of the Migrant Health Projects. Also, considerable time is given in preparation of annual reports.

2. Considerable effort has been made in conjunction with the new Migrant and Seasonal Farm Worker Housing Law. Promotion of new housing with Farmer's Home Administration and farmers' cooperatives has been started.

3. The Hereford Housing Project is presently classified as a Migrant Labor Camp. However, a move is currently underway to establish this housing as a private development. Migrants continue to live in this area which has a magnitude of environmental problems. Surveys of both water supply and camp premises have been made. Though the problem still primarily exists, solutions are presently being sought through consultation with the owner, the owner's attorney, interested citizen groups, and related sections of the Texas State Environmental Health Division.

4. Attended administration course in "Planning and Evaluation" at the Communicable Disease Center in Atlanta, Georgia.

5. State and Federal meetings pertaining to coordination and development of programs regarding Migrant Health have been attended.

6. As a new employee, considerable time was involved in orientation and becoming familiar with the many programs in relation to Migrant Health.

Environmental Objectives:

1. To continue to promote new housing and as a result of the new Migrant Housing Law, through consultation with FHA, Farmers' Cooperatives, Advisory Boards, and other interested groups.

2. The Area I Environmental Consultant plans to establish a workshop for project environmental personnel in the treatment and installation of small water supplies.

3. Encourage a more comprehensive study of the Community Block Surveys and the promotion of the data collected for correction of environmental deficiencies.

It should be noted that the above listed environmental objectives are those which this Environmental Consultant has established in addition to the objectives previously stated as overall Area I objectives to be accomplished by the "team approach" method.

Case History of Environmental Consultant's Activities:

Below are the activities of the Environmental Consultant in relation to a Migrant Health Project in Area I:

Administration: At the time for the preparation of the Migrant Health Project budget, the Project Director was in the process of preparing a city budget. Thus, the Environmental Consultant assisted in this budget preparation. Cost analysis for budget projection was done for program development, expansion, and funding. Assistance was also given in preparation of the Annual Report.

Several meetings with the Project Director occurred in the year with other members for the Dallas Regional Office, Austin Office of the Texas Migrant Project, and the Area I Texas Migrant Staff. These meetings were for the purpose of program development, budget and fiscal information, program sponsorship, and the proposed Federal Register for Migrant Health Services.

Advisory Boards: The Environmental Consultant attended a meeting of the consumer advisory board for the purpose of explaining the related programs and other activities which might affect the services offered by a local Migrant Health Project.

Program Development: Assistance was given in arranging for the Family Service Clinic to begin in an area of this county with a high migrant population.

The process involved contacts with the participating physician, the Project Director, local Migrant Health Project staff, plus the calculation of the program in regards to cost and funding.

In the area of "Community Block Surveys", the local Sanitation Inspector was involved in training sessions offered by the Program Representative from Communicable Disease Center, Atlanta, Georgia, which was held in the Area I staff office in Lubbock.

Also, preliminary survey techniques were explained and conducted in the city of the local Migrant Health Project Sanitation Inspector. This survey will be extremely beneficial for the inventory of available housing for migrants within the city.

Environmental Services: In-service training was provided in the method of private water well chlorination.

Arrangements were made for the Sanitation Inspector to visit a near-by county Migrant Health Project. The purpose of this visit was to observe the Migrant Housing problems and the working methods of the host Sanitation Inspector.

A survey of the Labor Camps of this county was conducted with the local Migrant Project Sanitation Inspector.

The Area I Environmental Consultant's activities are coded in a manner that should be self-explanatory. The following tabulation report reflects in general the environmental health activities for the Environmental Consultant in Area I during this reporting period:

TEXAS STATE DEPARTMENT OF HEALTH
MIGRANT HEALTH PROJECT
ANNUAL REPORT TABULATION
June 28, 1971 to February 29, 1972

A.	GENERAL SANITATION		
1.	Water Sample Analysis:		7
	a. Collected	7	
	b. Positive Samples	4	
2.	Labor Camps:		30
	a. Listed for Supervision	26	
	b. Inspection	3	
	c. Corrections or Improvements	1	
3.	Conferences - General Sanitation		15
	a. Promotional & Consultative	15	
4.	Conferences:		1
	a. Rabies Control	1	
B.	EDUCATIONAL SERVICES (Staff)		
1.	Conferences:		2
	a. Group	2	
2.	Attendance: Seminar, short schools		1
C.	OTHER ACTIVITIES		
1.	Project Promotion Activities:		12
	a. Official Groups	10	
	b. Professional Groups	2	
2.	Project Activities - Consultative:		282
	a. Administrative	175	
	b. Coordinator of Services	8	
	c. Environmental Services	78	
	d. "In-Service" Training Services	21	
3.	Project Activities - Direct Services:		4
	a. Environmental Services		
	b. Other	4	
4.	Other Counties (Non-Project):		25
	a. Consultative	25	
5.	Other Activities:		13
	a. Statewide Staff Meeting	13	

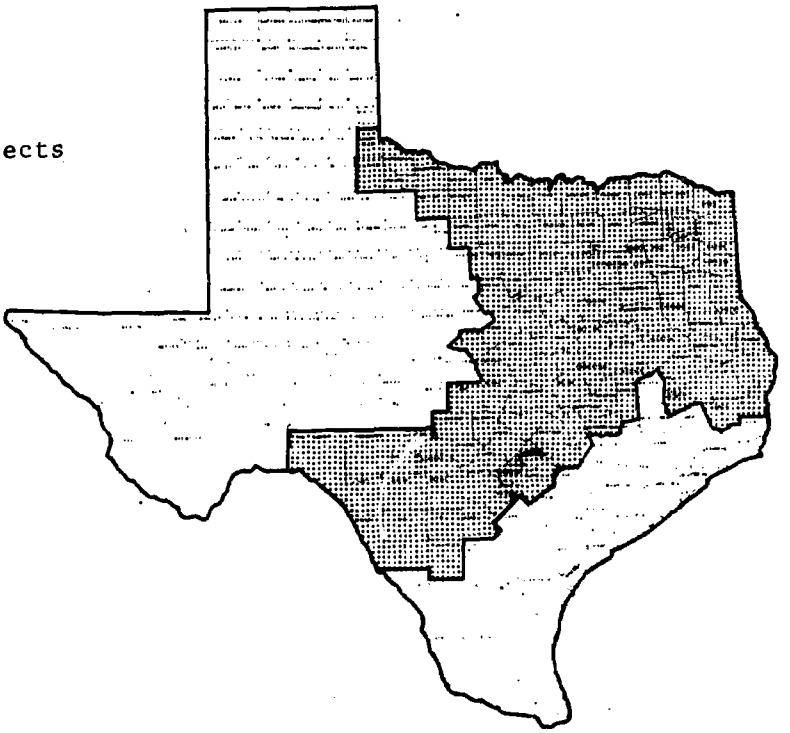
AREA II

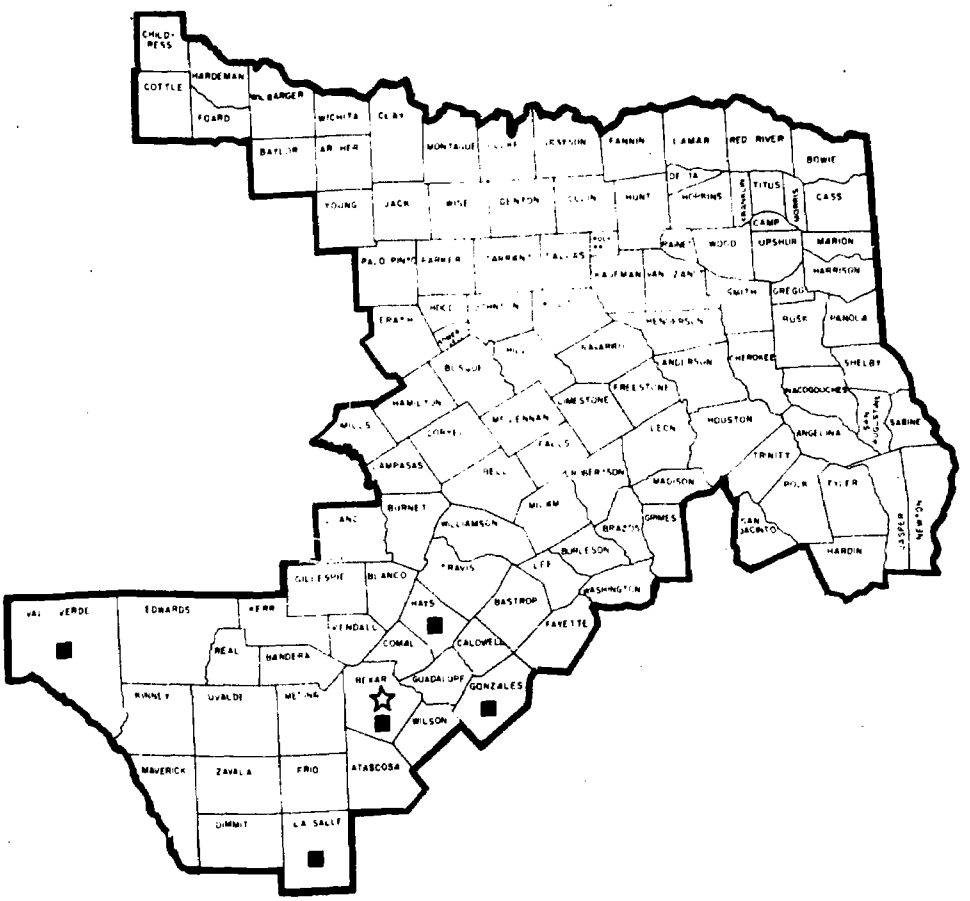
117 Counties

■ - Migrant Health Projects

☆ - Area II Office

Area II corresponds with
Public Health Regions
5, 6, 7 and 9





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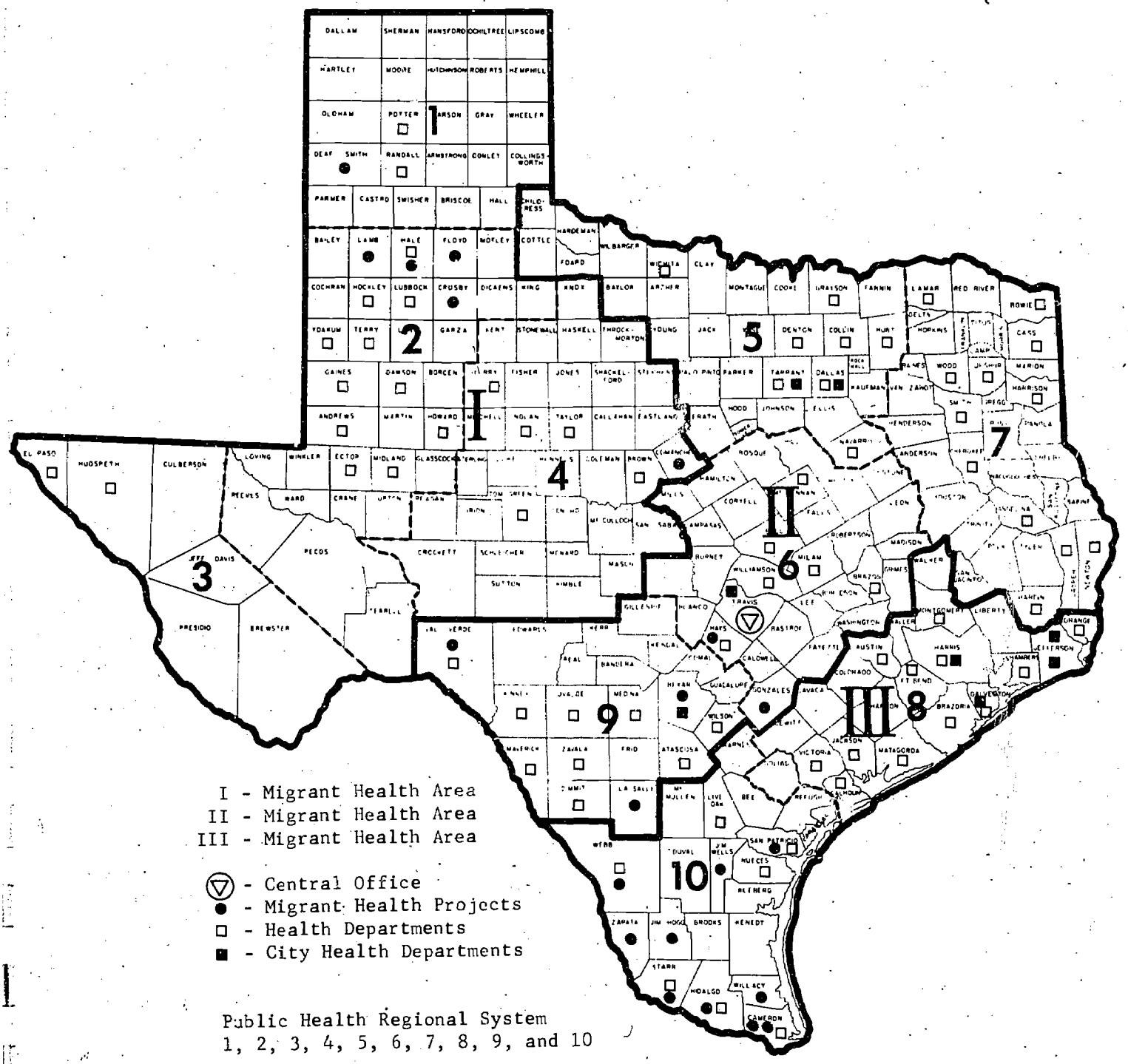
ATTACHMENT # 1



TEXAS MIGRANT HEALTH PROJECT - AREA II

Scope and Background of the Area

Texas Migrant Project Area II consists of 117 counties with headquarters located in San Antonio (Bexar County), Texas. The migrant population throughout the area varies from one county to the next, statistically ranging from 15,000 in one county down to 10 or 15 in another. The seasonal farm workers population may well be doubled in some portions of the area and tripled in others, depending on the seasonal agricultural activity within a geographical area.

The area's migrant population may be categorically divided into three defined areas, with the largest concentration respectively, (1) "Home-base", (2) "In-Migrants", (3) "Transients."

In September of 1971, the area was realigned to conform with the Public Health Regional System, at which time Mason and Kimble Counties were assigned to Region 4, Gonzales County to Region 8 and Karnes County to Region 10 (see attachment #1). Presently, Gonzales County is still served by Area II staff of the Texas Migrant Project.

The Migrants' Health Needs

The health needs continue to follow the same pattern as in the past - e.g. - Primary Medical Care (In- and out-patient), Dental Care, Preventive Services, etc., all of which continue to be needed or expanded. An important factor or dilemma which continues to exist in many areas, particularly rural areas, is the shortage or lack of manpower (Physicians, Nurses, Dentists, Aides, etc.) coupled with the lack of health facilities. Therefore, it is extremely important to coordinate and upgrade existing services of care to avoid fragmentation and duplication of services. In many geographical areas local migrant health services are the only health services available.

The following is a list of local migrant health projects and services provided:

BEXAR COUNTY MIGRANT FARM WORKERS ASSOCIATION
Mr. Joe L. De Los Santos, Project Director
Mr. Manuel S. Perez, Property and Fiscal Officer
2327 Castroville Road
San Antonio, Texas 78237
Phone: 434-9391 (512)
Services: Dental, Medical Outpatient, Nursing, Health Education****

DEL RIO - VAL VERDE COUNTY MIGRANT HEALTH PROJECT
Del Rio - Val Verde County Health Department
Mr. Lewis G. Owens, Director
Manuel A. Martinez, Jr., M.D., Project Medical Director
200 Bridge Street
Del Rio, Texas 78840
Phone: 775-5985
Services: Dental, Medical Outpatient, Nursing, Health Education****

GONZALES COUNTY MIGRANT HEALTH PROJECT
Mrs. Ruth Shelby, R.N., Project Director
Stewart M. Ponder, M.D., Medical Advisor
409½ St. George Street, Suite 8
Gonzales, Texas 78629
Phone: 672-6079 (512)
Services: Hospitalization, Medical Outpatient, Nursing, Sanitation, Dental, Optometric, Health Education****

LA SALLE COUNTY MIGRANT HEALTH PROJECT
J.M. Barton, M.D., Project Director
Drawer E (105 South Stewart Street)
Cotulla, Texas 78014
Phone: 879-2450 - Project
879-2342 - Hospital (512)
Services: Dental, Medical Outpatient, Nursing, Health Education****

SAN MARCOS - HAYS COUNTY MIGRANT HEALTH PROJECT
San Marcos - Hays County Health Department
B.M. Primer, M.D., Project Director
County Courthouse, Second Floor
San Marcos, Texas 78666
Phone: 392-5831 (512)
Services: Medical Outpatient, Sanitation, Nursing, Dental Health Education****

****Not specified component - all Staff members

Resource Development

In reading the annual progress reports of the local migrant health projects in Area II, it is obvious that all of the projects are utilizing services provided by other agencies or programs; some obtaining health services, others services which are beneficial to the migrant and his family. This particular activity varies in quality and quantity from project to project.

At this point, perhaps it is important to discuss the Public Health Regions and their relationship to Area II of the Texas Migrant Project. As it may be readily observed (see attachment #1), Area II of the Texas Migrant Project is responsible for providing services to Public Health

Regions 5, 6, 7 and 9, with high priority given to those areas with the largest concentration of migrants. Also, of great importance is the fact that Public Health Region 7, headquartered in Tyler (Smith Co.), Texas, is now staffed and operational. The assistance that has been provided by Area II and Central Office (Austin) to the region has been strictly concerning Labor Camp Rules and Regulations, meeting with growers and F.H.A. representatives to discuss labor camp facilities or labor housing and coordinating services, so to some extent support has been limited and specific in scope.

Area Activities (Nursing Services)

During this reporting period, because of the importance of migrant referrals concerning follow-up for continuity of care, the Area II Public Health Nurse has been assigned to supervise the Texas State Department of Health Central Office clerical staff in processing migrant referrals, in completing migrant referral computer cards, and performing other supervisory nursing duties. This assignment has limited the activities of the Area II nurse in the counties of the area.

Personal contacts have been made as shown on the accompanying chart, and some contacts by telephone were made to convey information to answer requests for assistance, or to check on unanswered referrals.

Until August 1, 1971, referrals concerning Bexar County migrants and destined for the local health department were routed through the Area II office, where the Public Health Nurse's duty was to check addresses and then route the referrals to the proper local district Public Health Nurse for follow-up. Also, the Area II nurse handled local referrals, and completions, going out of Bexar County, to the Texas State Department of Health Migrant Project Central Office for processing to destination, or to point of origin for completions. Since August 1, 1971, all migrant referrals are sent to the local Migrant Health Project for follow-up and the Area II Nurse became responsible only for those migrant referrals as yet unanswered which had been previously received by the local health department.

Thirty-six Area II counties received 374 migrant referrals from sixteen states requesting follow-up care for 476 individuals; fifteen counties received forty-three migrant referrals concerning forty-three individuals. Area II counties completed 477 inter- and ten intra-state referrals. Seven counties sent fifty-nine migrant referrals to sixteen states receiving forty answers and three counties sent eleven referrals to six Texas counties receiving eleven responses.

None of the preceding figures includes referrals concerning requests for tuberculosis follow-up, as these are processed through the Texas State Department of Health Migrant Project Central Office to the Texas State Tuberculosis Central Division for follow-up, and copies are not sent to the Area offices.

TEXAS STATE DEPARTMENT OF HEALTH
MIGRANT HEALTH PROJECT
ANNUAL REPORT NURSING TABULATION
March 1, 1971 to February 29, 1972

A. NURSING SERVICES

1.	Promotional Activities		
	a. Official Groups		
	b. Professional Groups		
	c. Civic Groups		
	d. Individuals		
2.	Project Activities - Consultative		25
	a. Administrative	6	
	b. Coordinator of Services	4	
	c. Nursing Services	6	
	d. "In-Service" Training Services	7	
	e. Health Education	2	
3.	Project Activities - Direct Services		
	a. Nursing Services		
	b. Other		
4.	Non-Project Counties		17
	a. Consultative	5	
	b. Direct Services	12	
5.	Other Activities		1
	Staff Conference (Austin)	1	

B. EDUCATIONAL

1.	Conferences		
	a. Individuals		
	b. Groups		
2.	Attendance: Seminar, Workshops, etc.		1
3.	Literature Distributed:		
	a. Individuals (8)	Distribution (43)	
	b. Schools ( )	Distribution ( )	
	c. Organizations ( )	Distribution ( )	

Environmental Services

The objectives of the Texas Migrant Project as stated on the grant application will follow:

A. To continually analyze, plan, develop and coordinate environmental sanitation services for domestic agricultural migratory farmworkers and their dependents within all local migrant impact areas in Texas to the extent possible. Special emphasis will be placed on migrancy situations existing in local health jurisdictions devoid of public health services.

B. To continually provide general and technical information and promote maximum utilization of all resources, Federal, State and Local, which can be beneficial to the sanitation personnel of the Texas Migrant Project and Local Migrant Health Projects.

C. To continually promote and participate in orientation and "in-service" programs to develop competencies of the sanitation personnel of the Texas Migrant Health Project and Local Migrant Health Projects.

D. To continually promote the team approach in the delivery of all services in an effort to provide a comprehensive health program for the migrant farmworker and his dependents.

The previously stated objectives have been met during this reporting period. However, the degree of accomplishment varies from one objective to the other as well as from one county to another.

The following is a statistical report extracted from the monthly tabulation reports as submitted to Central office. The data was obtained from daily reports representing the activities on a day to day basis.

GENERAL SANITATION---------- 73

EDUCATIONAL SERVICES---------- 116

OTHER ACTIVITIES (Project and Non-Project)---------- 430

Future Objectives

A. To continue to provide consultative and technical assistance to local on-going projects by periodic visits or upon request.

B. To continue to promote grant applications, if funds are available, in areas of high concentration of migrants, with emphasis on consumer groups or non-profit organizations closer to the consumer as grantee or applicants.

Future Objectives (continued)

C. Closer involvement with the local community and other agencies that provide health care or other services beneficial to the migrant and his family.

D. Attempt to attend as many Advisory Board meetings as possible to get a better perspective of the Boards' activities, duties, and responsibilities.

E. When need arises or upon request to provide direct services within discipline or professional limitations.

F. Provide data to on-going projects that will strengthen or upgrade the delivery of health care.

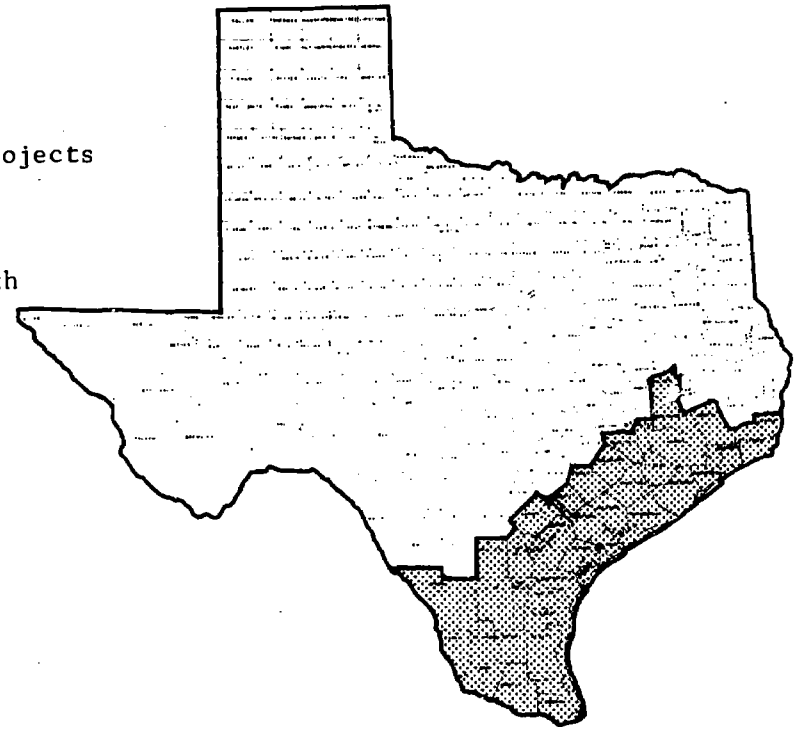
AREA III

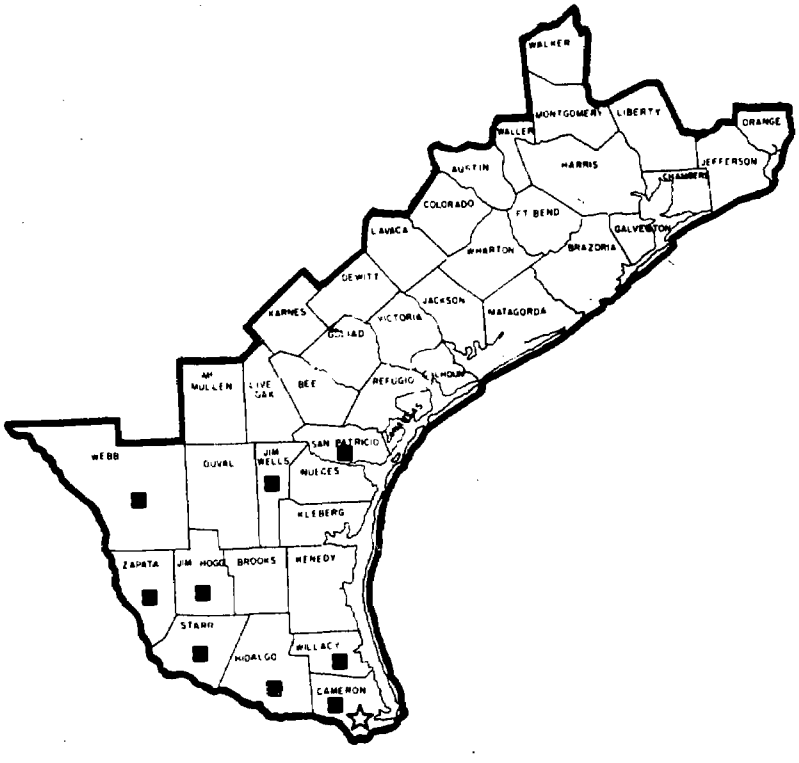
41 Counties

■ - Migrant Health Projects

☆ - Area III Office

Area III corresponds with
Public Health Regions
8 and 10





BACKGROUND

The national agriculture picture continues to show a gain in value. In 1969, the value of the nation's harvested crops amounted to $24.4 billion dollars. During the same year, the Texas agriculture total dollar value amounted to $1,233 billion, while the 1970 value amounted to $1,013,973 billions.

The trend in the agriculture continues to be that of mechanization. Although citrus production in the Rio Grande Valley was increased in 1970, mechanization offset the migrants' employment opportunities.

The agricultural industry has an unpredictable future since weather is the main controlling factor, plus availability of water for irrigation, and farm workers to till the land and harvest the crops. This poses a problem in projecting the value of any crop. Whether it will mature and reach the harvesting stage can only be determined as the seasons progress.

Agriculture labor demand is dependent on crops development and maturity. This is the industry where the migrant farm worker fits. Thus, his employment pattern is unpredictable and insecure.

Area III is the home base for 125,000 migrant workers, with Cameron and Hidalgo Counties having the greatest migrant population density.

The migrants in this area are of Mexican-American descent. Although most families contain at least one English speaking member, there are those who can only communicate in Spanish. The education level of the adult migrant population is below high school, usually third grade is their median educational level. The teen-age migrant drops out of school between sixth and seventh grade level. However, conferences with school superintendents during 1971 revealed that the number of migrants graduating from high school shows a small gradual increase, estimated at 1.5%. Direct observation of the writer reflects some migrants dropping out of school from seventh grade because they follow the parents or siblings pattern. Their educational concept is that of preparing for efficient manual performance of agricultural work.

There are only rare short term employment opportunities at home base. Groceries and the bare necessities for survival are purchased on credit while waiting for agricultural employment to start in the north.

Migrants give priority to travel and following the crops. This is their opportunity to earn the maximum within their power to meet their yearly expenses. Health problems are unimportant, unless they reach a critical stage. Their mobility prevents clinics in the receiving states from giving them continuity of care.

MIGRANTS HEALTH NEEDS AND SCOPE

Area III is composed of State Regions 10 and 8. Public Health Services Region 10 was activated on January 1, 1972. The densely migrant populated counties are located in this Region.

In Region 10, there are six affiliated Health Units in counties having Migrant Health Projects, while five other counties have Migrant Health Projects as the only agency providing health services. Another eight counties have County Health doctors only, and two sparsely populated counties have no resident practicing physicians.

Region 8 of Area III has six affiliated Health Units, while fifteen other counties have county doctors only. There are no existing Migrant Health Projects in this Region.

In addition to the above health facilities, Migrant Health School Programs are operating in 36 migrant schools of Area III, with an enrollment of 28,764 migrant children.

The chief activity of Public Health Units is that of providing preventive medicine.

The Migrant Health Projects are the only agencies providing comprehensive Health Care. Activities are supervised by the Project Medical Directors, County doctors, Public Health Directors, as well as Region 10 Public Health Director.

All counties have programs for treatment of the poor, but the large needy impoverished population limits the scope, resulting in deficiencies beyond the control of the providers.

Hospitalization is provided only for seriously ill patients with the exception of care provided under specific State Health Department services, or in those cases where the need is met by the individual families.

This is one of the weakest resources in the Area, particularly with respect to maternity cases. In 1969, State Region 10, the estimated live birth rate was 32,500/100,000 population, while the fetal death rate for the same year figured at 9.8/100,000.

Diseases and their prevalence as they affect migrants in the Area are:

ZAPATA COUNTY

	ICD Class.	Rate/ 100,000 Pop.
#1	VIII	25,551
2	I	4,527
3	III	12,385
4	XII	4,947
5	IX	5,194
6	XVI	4,412
7	X	4,527
8	VI	3,217
9	XIII	4,067
10	IV	6,969

SAN PATRICIO COUNTY

	ICD Class.	Rate/100,000 Pop.
#1	VIII	488
2	I	207
3	III	178
4	XII	59
5	IX	51
6	XVI	117
7	X	117
8	VI	63
9	XIII	19
10	IV	79

WEBB COUNTY

	ICD Class.	Rate/100,000 Pop.
#1	VIII	2,877
2	I	533
3	III	178
4	XII	468
5	IX	383
6	XVI	593
7	X	221
8	VI	312
9	XIII	117
10	IV	312

STARR COUNTY

	ICD Class.	Rate/100,000 Pop.
#1	VIII	1,192
2	I	474
3	III	1,994
4	XII	672
5	IX	796
6	XVI	1,451
7	X	802
8	VI	407
9	XIII	434
10	IV	587

JIM WELLS COUNTY

	ICD Class.	Rate/100,000 Pop.
#1	VIII	2,028
2	I	318
3	III	512
4	XII	502
5	IX	584
6	XVI	216
7	X	397
8	VI	442
9	XIII	354
10	IV	309

JIM HOGG COUNTY

	ICD Class.	Rate/100,000 Pop.
#1	VIII	4,083
2	I	2,232
3	III	2,922
4	XII	2,020
5	IX	1,612
6	XVI	902
7	X	2,385
8	VI	1,289
9	XIII	623
10	IV	1,712

CAMERON COUNTY			HIDALGO COUNTY		
	ICD Class.	Rate/100,000 Pop.		ICD Class	Rate 100,000 Pop.
#1	VIII	367	#1	VIII	522
2	I	551	2	I	226
3	III	90	3	III	55
4	XII	187	4	XII	48
5	IX	104	5	IX	100
6	XVI	47	6	XVI	86
7	X	88	7	X	91
8	VI	108	8	VI	136
9	XIII	53	9	XIII	176
10	IV	21	10	IV	26

The health related problems of transportation to the Project clinics is provided by the consumers, by O.E.O. outreach workers, friends and relatives. Patients needing care in distant facilities are usually transported in county vehicles or at the county's expense.

Out of nine (9) projects in the Area, only one has a dental component. This explains the deficiencies in the dental program in Area III. Dental problems affect 99% of the migrant population. Migrants are not able to meet the cost of dental examinations or corrective dental care, nor are they able to afford well-balanced diets.

This problem is further complicated by shortage of manpower.

NATIONAL NUTRITION SURVEY OF TEXAS

Age Group	DMF Total*	Decayed	Missing	Filled	% with DMF Teeth
Total, 5 & Over	10.1	5.2	4.3	0.6	96.3
5 - 9	1.5	1.3	0.2	*	89.4
10 - 16	7.0	7.0	0.6	0.4	97.5
17 - 24	11.6	8.7	2.1	0.8	98.6
25 - 34	14.3	8.0	4.8	1.5	98.2
35 - 44	15.3	7.1	7.1	1.1	98.4
45 - 54	15.8	6.0	8.6	1.2	100.0
55 - 64	16.4	5.0	10.6	0.8	99.3
65+	15.7	3.6	11.3	0.8	99.2

*As used here, the total DMF score is the sum of all decayed and filled teeth, both permanent and primary, plus all missing permanent teeth.

*Less than 0.005 teeth.

LOCAL PROJECTS OPERATING IN AREA III
1972 - 1973

CAMERON COUNTY MIGRANT HEALTH PROJECT
Cameron County Health Department
John R. Copenhaver, M.D., Project Director
186 North Sam Houston Boulevard
San Benito, Texas 78586
Phone: 399-1356 (512)

HIDALGO COUNTY MIGRANT HEALTH PROJECT
Victor Zalma, M.D., Acting Director
Hidalgo County Health Department
1425 South Ninth Street
Edinburg, Texas 78539
Phone: 383-6222 (512)

JIM HOGG COUNTY MIGRANT HEALTH PROJECT
Hon. H.T. Martinez, County Judge, Project Director
Jim Hogg County Courthouse
Hebbronville, Texas 78361
Phone: 527-3311, or 527-3015 (512)

JIM WELLS COUNTY MIGRANT HEALTH PROJECT
Mr. Gonzalo V. Trevino, Project Director
Jim Wells County Courthouse
200 North Almond Street
Alice, Texas 78332
Phone: 664-5582 (512)

P.S. Joseph, M.D., Project Medical Director
P.O. Box 1378
Alice, Texas 78332
Phone: 664-3361 (512)

Local Projects Operating in Area III 1972-1973 (Continued)

LAREDO-WEBB COUNTY MIGRANT HEALTH PROJECT
Mr. Jose L. Gonzalez, Project Director
Lauro Montalvo, M.D., Acting Medical Director
400 Arkansas Avenue
Laredo, Texas 78040
Phone: 723-2051 (512)

SAN PATRICIO COUNTY COMMITTEE ON YOUTH EDUCATION AND JOB OPPORTUNITIES
William F. Krebethe, D.O., Project Director
300 West Dr. Logan Avenue
Mathis, Texas 78368
Phone: 547-3353 (512)

COMMUNITY ACTION COUNCIL OF STARR COUNTY
Mr. Francisco G. Zarate, Project Director
P.O. Box 14
Rio Grande City, Texas 78582
Phone: 487-2663

CAMERON & WILLACY COUNTY FAMILY HEALTH SERVICES
Mr. Daniel Hawkins, Director
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AREA III ACTIVITIES

OBJECTIVES ([redacted])

As set forth in the state grant, the basic purposes of the state personnel at the region level have been, and will continue to be, to assist communities in arranging for the provision of health services to migrant families and to assist other communities by providing these same health services directly to the migrants. The staff's objectives, stated generally, provide an insight into the activities of the Area III office. These have been to:

1. Assist official agencies in recognizing, analyzing, and understanding completely the health problems relative to migrants, and then organize the community and/or agencies into arranging for the provision and/or extension of health services to migrant families.

2. Assist project sponsors in formulating grant applications, continuations, renewals, revisions, and other reporting procedures and also in the development of policy, procedures, and methodology relative to non-medical phases of project operation.

3. Assist in the recruitment of qualified individuals for project staff positions.

4. Assist in organizing and conducting orientation and in-service training for staff members of health units providing services to migrants.

5. Assist projects in determining goals, objectives, and priorities; developing and executing health programs; and, in reviewing and evaulating the various phases of project operations.

6. Assist projects in establishing and maintaining effective relationships with various groups in the area in order to utilize them and their resources to solve migrant health problems.

7. Assist in the development of educational programs, manuals, guides, reports, and other information for dissemination to individuals, organizations and/or agencies interested in migrant health.

8. Serve as liaison between local projects, State (Central Office), and DHEW/PHS (Region VI) in order to promote the exchange of information and experiences conducive to successful program activities.

FUTURE ACTIVITIES IN 1970-71 REPORTING PERIOD

1. As a result of information acquired from February 28, 1971, through February 29, 1972, through a form to be designed and implemented in Area III, an accurate count of migrants not receiving medical care will be obtained. An evaluation of progress made during the reporting months, December 1, 1969, through February 28, 1971, reveals that the number of migrants not receiving services, as well as other identifying information is unknown.

This goal has been met by 50%.

2. As a result of the writer's continued attendance at consumers' meetings, we will as consultants with Project Administrators and personnel, change program focus from Project goals to that of meeting consumers' needs as recommended by Project Advisory Boards. This will be emphasized during the next reporting year, February 28, 1971 to February 29, 1972. Dissatisfaction with present delivery of services in the Region at present, February 28, 1971, has been observed by the writer while attending consumers' meetings in the Area.

This objective has been met by 70%. The Area Consultant Nurse attended Advisory Board meetings as an observer. Participation was limited to assisting with clarification discussions as requested by providers and/or consumers. These activities were followed by consultant conferences with Projects clinic staff and their administrators.

3. As a result of teaching Project nursing and supportive staffs how to use the family centered approach, with emphasis on needs of each family member during the coming year, I hope to improve delivery of health care to migrants both qualitatively and quantitatively. The writer's observation of nursing activities in Migrant Project Clinics and during home contacts, reveals considerable weakness in this area.

This goal has been met by an estimated 30%. The Area nurse worked closely with Project staffs, presented simple procedures and methods that would promote the providers awareness of those family members not participating in the program. However, the clinics case loads are heavy and parents (usually mothers) are pressed for time. The nurses and their aides comply by directing attention to the sick family members. This is essential in maintaining positive provider-consumer relationship.

4. As a result of the Area nurse's continued effort to give support and guidance in nursing techniques to project nursing and paranursing personnel, higher standards of medical and nursing care will be achieved. The need for a nursing care plan has been observed and a form to guide the nurses in clinics and in the field will be introduced to be used at their discretion.

This goal has been met by 50%. A nursing care plan has been developed and is now being used in some projects on a pilot basis.

5. As a result of continuing the coordination effort, Family Planning components through the State Health Department Maternal and Child Health Division, and O.E.O. Planned Parenthood Program, this type of service to migrants will be increased in Area III, by adding components to the non-participating Migrant Health Projects. In some areas, consumers have requested such services.

This goal has been achieved. Family Planning Programs have been implemented in the Area. Five (5) Family Planning Clinics were coordinated with the Migrant Health Project in Cameron County.

Family Planning Program, under sponsorship of Jim Wells County C.A.P. has been coordinated with the Jim Wells County Migrant Health Project. This program operates on a fee-for-service basis, with the C.A.P. Agency meeting cost of doctors' services, medications and related supplies. Patients receive a complete medical examination on the first visit and medical re-evaluations every six months.

Projects having previously established O.E.O. Planned Parenthood programs are:

Laredo-Webb County Migrant Health Project
Zapata County Migrant Health Project
Jim Hogg County Migrant Health Project
Mathis County Migrant Health Project.

Non-migrant Health Project counties with existing O.E.O. Planned Parenthood Programs are:

Bee County
Goliad County
Brooks County
Live Oak County

All Migrant Health Projects, except Cameron-Willacy, now have Family Planning components, either through the State Health Department Maternal and Child Health Division, or through O.E.O. sponsored Planned Parenthood Projects.

6. As a result of the Area Nurse's efforts to place greater emphasis on dental needs of migrants in the Area, requests for more dental components will be made by Migrant Health Projects. The need for this service is justified by the fact that 99% of the population in the Area is in need of some form of dental care.

Requests for the Projects dental components have been attached to each Annual Report, or Renewal application submitted. However,

funds have not been available. A Tri-county application for Dental Services has been submitted to H.E.W. by administrators of Starr County Migrant Health Project.

7. As the result of knowledge gained by the Projects' staff nurses, through a workshop on comprehensive health care to be held during the next reporting period, February 28, 1971 through February 29, 1972, improved Health Education Programs, including the new concepts in Drug Abuse, Dental Care, and Nutrition, will be available to the consumers. Need for the workshop has been expressed by the Project nurses.

A one (1) day workshop for project nursing personnel was held during this reporting period. This afforded personnel an opportunity to discuss intra-area problems as they relate to the individual projects. Clinic management, staffing and continuity of care, were some of the main topics discussed. Of particular interest was a program on nutrition and preventive dental care.

8. The Area nurse will visit each project once during the reporting period, February 28, 1971 through February 29, 1972, for the purpose of evaluating activities and services. The evaluation will be shared with Project Administrators and their staffs.

The Area nurse has visited each project in this area at least three (3) times during this reporting period.

9. The U.S.P.H.S. Region VI, and the Texas State Administration office should receive annual reports on time, as the result of advanced information now being disseminated to Project Directors by the Area Nurse, concerning type of information needed and methods of its compilation.

This goal was achieved 100%. A new method of compiling Project activities on a daily, weekly and monthly basis, as implemented by the Area nurse, served to expedite preparation of Project Annual Reports. The Projects nursing personnel and clerks have expressed more favorable attitudes toward preparation of their reports. They have assumed a sense of assurance of meeting their responsibilities through the "self-help" method.

10. As a result of the Area nurse's continued contact with community and consumer leaders, and other existing agencies in the counties served, the migrants and their needs will continue to be identified. Also, the search for new sponsors of Migrant Health Projects will be actively maintained.

The Area nurse has continued to acquire information relevant to migrant population, migrants' needs, and resources. This compilation was shared with project staffs, medical societies, and county officials. Evaluation of these activities has been carried out on a quarterly basis.

The Projects nursing staff and clerks were assisted with evaluation of their project activities in some manner.

Sponsors for Migrant Project applications were located as follows:

1. Bee County C.A.P. Agency, with headquarters in Beeville
2. Goliad County
3. Live Oak County

agreed to merge with Bee County as Satellites

The Mathis O.E.O. Migrant Health Project, located in Robstown, is now ready to submit an application for an Adult Migrant Health Project to complement the Robstown Driscoll Children's Clinic Services.

11. The new counties added to Area III, effective March 1, 1971, will be explored for resources, health needs of the population, identification of migrants and their dependents, and their particular needs.

This goal has been achieved by approximately 50%.

12. All objectives stated above will be evaluated by the Area nurse through personal conferences and written outlines. Assistance in Health Education evaluation will be secured from the State Migrant Project Administrative office.

This goal has been achieved 100%.

The foregoing goals accomplished for the 1971 reporting period have covered in part the Area nurse's activities during the past year. Additional activities are listed below:

While working under the direction of the State Project Medical Director and the designated Health Officers in the individual counties, the consultant nurse's activities have extended into 30 counties during this reporting period.

The primary emphasis has been placed on delivery of comprehensive health care to the migrants, seasonal farm workers, and their dependents, as well as members of the rural population who participate in immunization clinics, and other preventive health programs.

A brief summary of activities follows:

I provided a continuous in-service training program to Family Health Service Clinic staffs; coordinated intra-area and inter-area medical resources, as well as related programs, which provided economic assistance, social activities, rehabilitation, educational, and other interdependent components of the total needs of consumers. The Area nurse provided consultative services to public health nurses operating

in non-migrant project counties. She consulted with Advisory Boards and Boards of sponsoring agencies regarding inter-agency management, staffing, organization and preparation of reports. The Area nurse assisted the nursing staffs with writing reports, preparation of manuals, standing orders, organization and supervision. Also, assisted Rural Aid attorneys, private practice physicians, O.E.O. nutritionists with planning of programs for migrants and seasonal farm workers.

The Area nurse consulted with Council of Governments to coordinate the effort of Projects' administrative staffs and potential applicant agencies with health planners.

Nursing activities have also involved performance of some administrative duties such as close collaboration with the Projects Medical Directors and nursing staffs, medical directives and standing orders for the nurses have been revised and up-dated. Job descriptions for each member of the clinic staffs have been revised in three projects. Verbal conferences were supported by lending reading materials, such as the book titled, "Kerchievel" containing new job descriptions for clinic workers.

To up-date methods and procedures and to assist with solutions to problems in specific diseases peculiar to the different Projects' populations, reading materials have been reviewed and information made available to the nursing staffs. Conditions and diagnosis as reported in I.C.D. Section of reports are discussed with Project Nurses, also method of prevention control and treatment, with focus on nurses teaching patients.

Copies of Priorities in Public Health Nursing, by Dorothy Stewart and Pauline A. Vincent were issued to Project R.N.s and L.V.N.s. Also, copies of age scale table, devised by the consultant nurse, were issued to all nurses, health aides, and clerks practicing in the Projects.

Providing administrative consultations to County Judges and Commissioners, Project Directors, and Administrators and Medical Directors the Area nurse interpreted guidelines and assisted with programming; interpreting and clarifying communications from Region VI, H.E.W., with respect to budgets, new personnel, new program components, improvement of clinic facilities.

Much time was spent in assisting with preparation of Annual Reports, grant applications, and preparation of materials to present to Advisory Boards; preparation of personnel policies, as they relate to health and delivery of medical care; consultative services to school nurses concerning referrals, continuity of care, and school health forms.

Time was expended in exploring for new sponsoring agencies, and as a result, the nurse has been involved in writing of three grant

applications. They were the Bee, Goliad, and Live Oak Counties application, the Mathis O.E.O. Migrant Health Project, located in Robstown, and the Brownsville City-County Medical Service Group.

Assistance was provided in recruitment of new personnel for projects, as well as direct services being provided by relieving a Project Nurse while she was on sick leave. Also, consultative services were provided supervisors and staffs of Day Care Centers on health matters.

The following tabulation report reflects in general the nursing activities for the Public Health Nurse in Area III during this reporting period:

TEXAS STATE DEPARTMENT OF HEALTH
MIGRANT HEALTH PROJECT
ANNUAL REPORT NURSING TABULATION
March 31, 1971 to February 29, 1972

A. SERVICES

1.	Promotional Activities		44
	a. Official Groups	(8)	
	b. Professional Groups	(3)	
	c. Civic Groups	(7)	
	d. Individuals	(26)	
2.	Project Activities - Consultative Services		335
	a. Administrative	(146)	
	b. Coordinator of Services	(62)	
	c. Nursing Services	(63)	
	d. "In-Service" Training Services	(45)	
	e. Health Education	(19)	
3.	Project Activities - Direct Services		11
	a. Nursing Services	(9)	
	b. Other	(2)	
4.	Non-Project Counties		80
	a. Consultative	(70)	
	b. Direct Services	(10)	

B. EDUCATIONAL

1.	Conferences with		2
	a. Individuals	(2)	
	b. Group	( )	
2.	Attendance: Seminar, Work Shops, etc.		
3.	Literature Distributed		10
	a. Individuals	(2) Distribution (70)	
	b. Schools	(5) Distribution (250)	
	c. Organizations	(3) Distribution (124)	

FUTURE OBJECTIVES (Nursing Services)

As a result of assisting Project nurses to identify appropriate kinds of nursing intervention by applying the knowledge they have gained of consumers cultural patterns and health practices, return visits to clinics will be increased 30%.

As a result of continued effort in assisting Project staffs to pursue utilization of Advisory Boards and to pattern clinic services according to consumers preferences, continuity of care will be improved 50%.

As a result of the Area nurse's new emphasis on utilization of the referral system, by assisting Project nurses with case selection for referrals, this activity will be improved 50%.

As a result of the Area nurse's continued effort in assisting Project staffs with migrants identification procedures, more accurate migrant population statistics will be obtained by the Projects.

As a result of continued emphasis on the in-service training program for project professional and para-medical personnel, their improved skills will serve to upgrade delivery of health care to migrants and seasonal farm workers.

As a result of the Area nurse's effort to interpret the migrants' needs, the efficacy of the Migrant Health Program and Grant application procedures, new Migrant Health Project sponsors will be located.

As a result of intensifying the Health Education Program, as planned by the Area nurse, the migrants will obtain some comprehension of disease, self-care, home health care of others in the family and clinic attendance.

All objectives listed above will be evaluated by the Area nurse quarterly.

Environmental Services

In regards to Objective #1, much time, effort and consideration have been expended in development of a tri-county proposal for a migrant health project to cover one county with a fairly large target population plus two additional counties from which support had been previously withdrawn by DHEW/PHS because of their smaller migrant population. The concept of multi-county migrant health projects is to be expanded even further (see Plans for the Future). In another instance, a bi-county project was developed that even delineated further the areas of responsibility between a health department (preventive medicine) and a private sponsor (medical care). Additionally, even smaller grants that would operate within limited communities (cities) have also been considered.

Relative to #2, the nine (9) migrant health projects operating in this area have on numerous occasions requested assistance with their required reporting procedures; especially annual progress reports, expenditure reports, budget revisions, continuations or renewal applications and responses to inquiries from DHEW/PHS. Compliance with policy, guidelines, and proposed regulations have also necessitated detailed explanations or interpretations from the Area staff.

Objectives #3 and #4 have not demanded much consideration due to the facts that all projects in this area are year-round operations and the turn-over in personnel has been minimal. However, the area staff has served as resource persons and assisted regular health units in organizing seminars, workshops, and training sessions with direction toward the health needs of the migrant population.

The objectives (specific) of the local projects have come under closer scrutiny recently so it was decided to apply the principles and techniques of a somewhat modified socio-economic survey to assist them with the proper expression of their goals and priorities. Thus far, six (6) of the local projects have progressed into various stages of the survey. Results of the first phases (housing survey and stratification) are already being realized. For example, the tabulation of information relative to the conditions of housing in rural areas is being shared with the Farmers Home Administration County Supervisor of one project area. The Farmers Home Administration has loan programs for new homes and home improvements, but has lacked the manpower to promote such developments. Now, however, during the annual migrant qualification procedure (identification and registration) the sanitarians and/or their aides either explain the Farmers Home Administration programs or organize group sessions of interested parties for a presentation by the Farmers Home Administration County Supervisor. Three areas already have subdivisions under construction. Not enough can be said of the more recent contributions of the Farmers Home Administration in this rural home-base area. Housing and home improvement loans have amounted to millions of dollars; as have their expenditures for rural water systems, and now it is understood that refuse sanitation (solid waste disposal) and rural sewer systems are also under consideration for financial assistance. All of which will alleviate much of the responsibility with which health departments have been charged while not being endowed with the wherewithall to remedy such situations. Another area of influence of the Farmers Home Administration on farm labor housing has been in their efforts with local housing authorities and labor camp improvement financing. Results, other than the improved housing, have been on-site clinics and vector (fly, mosquito, and rat) control programs, the operation of which has been delegated to the local health departments.

In urban areas these same aforementioned solutions to health problems have been accomplished through cooperation and coordination with such programs as Model Cities. Relative to this, some of the condemned buildings from "model city" neighborhoods are being removed to rural

locations such as the "colonias" or subdivisions inhabited by the target population. Fortunately, counties have become aware of this and are planning control measures to alleviate this problem as soon as possible. Overall, there appears to be much interest in all of these aspects by all health care oriented agencies and institutions, which is the ultimate solution.

Another development from this area is an information retrieval system, a "poor boy" computer, the one known formerly as the McBee System, which is being adapted to each local project in order to assist them with compiling, analyzing and disseminating health related information in order to improve the delivery of health care to the migrant population that moves from this area to almost all areas of the United States.

But, perhaps, the one development that will have the most immediate and far-reaching effect on this entire area, was the activation of a Comprehensive Health Planning Region. This particular region, (10), encompasses the counties (see map on page 99) possessing the greatest migrant population (approximately 125,000). The Regional Plan was implemented specifically to identify problems on an areawide and local basis, develop methods to solve those problems and to make public health services accessible and available to all citizens who are not in a local public health unit's jurisdiction. In effect, services of the entire State Health Department will be available to the migrants and the local migrant projects from a local office containing representatives of each State program sponsored by Health Divisions such as:

Food and Drug	Pesticide Control
Laboratory Services	Dairy Products
Occupational Health	Air Pollution
Sanitary Engineering	Veterinary Public Health
Wastewater Technology	Vector Control.

OTHER ACTIVITIES	TOTAL 3/1/72 - 2/29/72
1. Project Promotion Activities	26
2. Project Activities - Consultative Services	210
3. Project Activities - Direct Services	42
4. Non-Project Counties - Consultative Services	5

Category #1 refers to work (conferences) with agencies or organizations who have expressed a desire to sponsor a migrant health project or inquired as to the funding potential of such a project (Commissioners' Courts, OEO/CAP, etc.).

Reflected in #2 are consultative services provided to local projects operating currently and include consultation in all non-medical aspects of the entire program.

Direct services refers to such activities as premise inspections (socio-economic surveys), water sampling of private systems, disaster relief surveys (VEE, hurricanes, etc.) and labor camp inspections.

Work in non-project counties is principally an unofficial referral system whereby problems encountered during field work are referred to appropriate divisions of the State Health Department for investigation or follow-up.

Some other activities are generally explained in the narrative, but even these do not include job responsibilities such as the critiques of local project operations during grant review periods, or special reports requested through the Statewide Migrant Project.

Also, since the regional boundaries are coterminous with the Governor's planning regions, coordination and cooperation will be enhanced while duplication will be negated.

The Statewide Migrant Project area staff has been included in the organization and staff of the Region 10 office, thereby effecting a "team concept" for the preparation and implementation of comprehensive health plans.

Future Objectives (Environmental Services)

The general objectives as stated in the preceding portions will remain in effect; however, they may need to be revised in the near future, but the extent will be determined by developments related to regulations (as published in the Federal Register, December 28, 1971) and other modifications of policy related to funding (FY 1972).

Specific objectives have already been altered somewhat due to the fact that the State did, this past year, adopt legislation governing labor camp operations and also did expand regulations concerning "environmental standards in industrial establishments." The former will not affect this area so much since it is a home-base area; however, the latter is to include farm product processing plants and this is an expanding industry that employs large numbers of seasonal labor and migrants. Enforcement of these regulations will be a responsibility of the State Project.

Area (sq. mi.)	18* 757	19* 6,643	20* 12,193	21* 3,019	Total 22,612
Population	13,462	99,572	420,360	337,473	870,867
Urban	7,082	79,952	341,820	251,313	680,167
Rural	6,380	19,620	78,540	86,160	190,700
Housing					
Owner Occupied					
-5000	692	5,587	13,135	17,552	36,966
5,000-14,999	873	6,059	35,666	23,740	66,338
15,000-34,999	349	2,232	16,986	7,005	26,572
35,000-	17	377	2,010	897	3,301
Renter Occupied					
-40	302	3,053	6,345	8,362	18,062
40-99	312	2,913	19,272	8,964	31,461
100-199	24	997	7,435	2,108	10,564
200-	-0-	56	701	293	1,050
1.01-1.5/room	367	3,713	12,142	11,827	28,049
1.51+/room	346	3,865	8,610	14,149	26,969
Vacant Migrant Units	41	621	1,510	2,729	4,901

Migrants (see map)

* Texas Planning Regions (Council of Government)

18 - Karnes County Only
19 - South Texas (4 counties)
20 - Coastal Bend (12 counties)
21 - Lower Rio Grande Valley (3 counties)

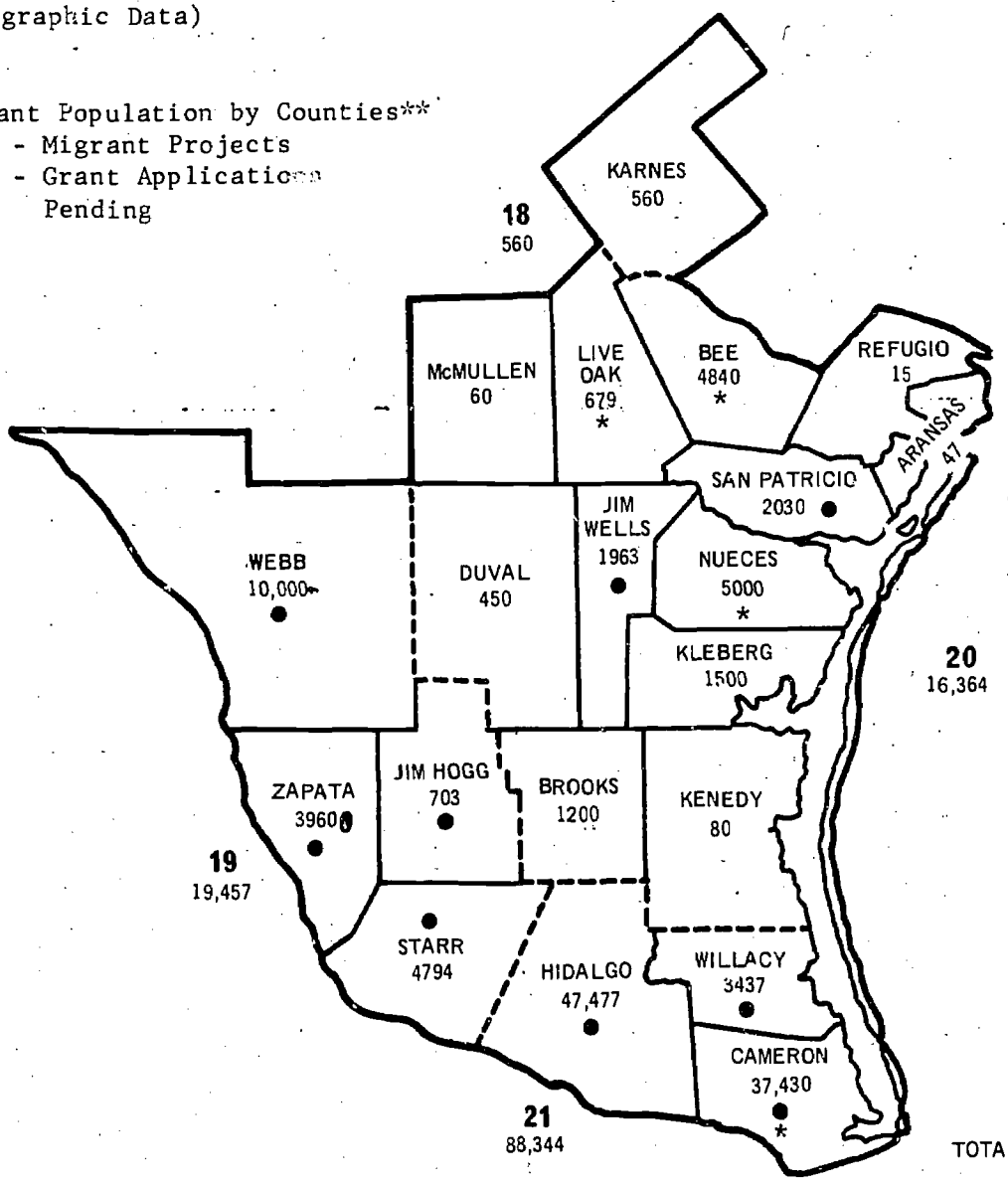
→ Region 10

REGION X

(Demographic Data)

Migrant Population by Counties**

- ● - Migrant Projects
- * - Grant Applications Pending



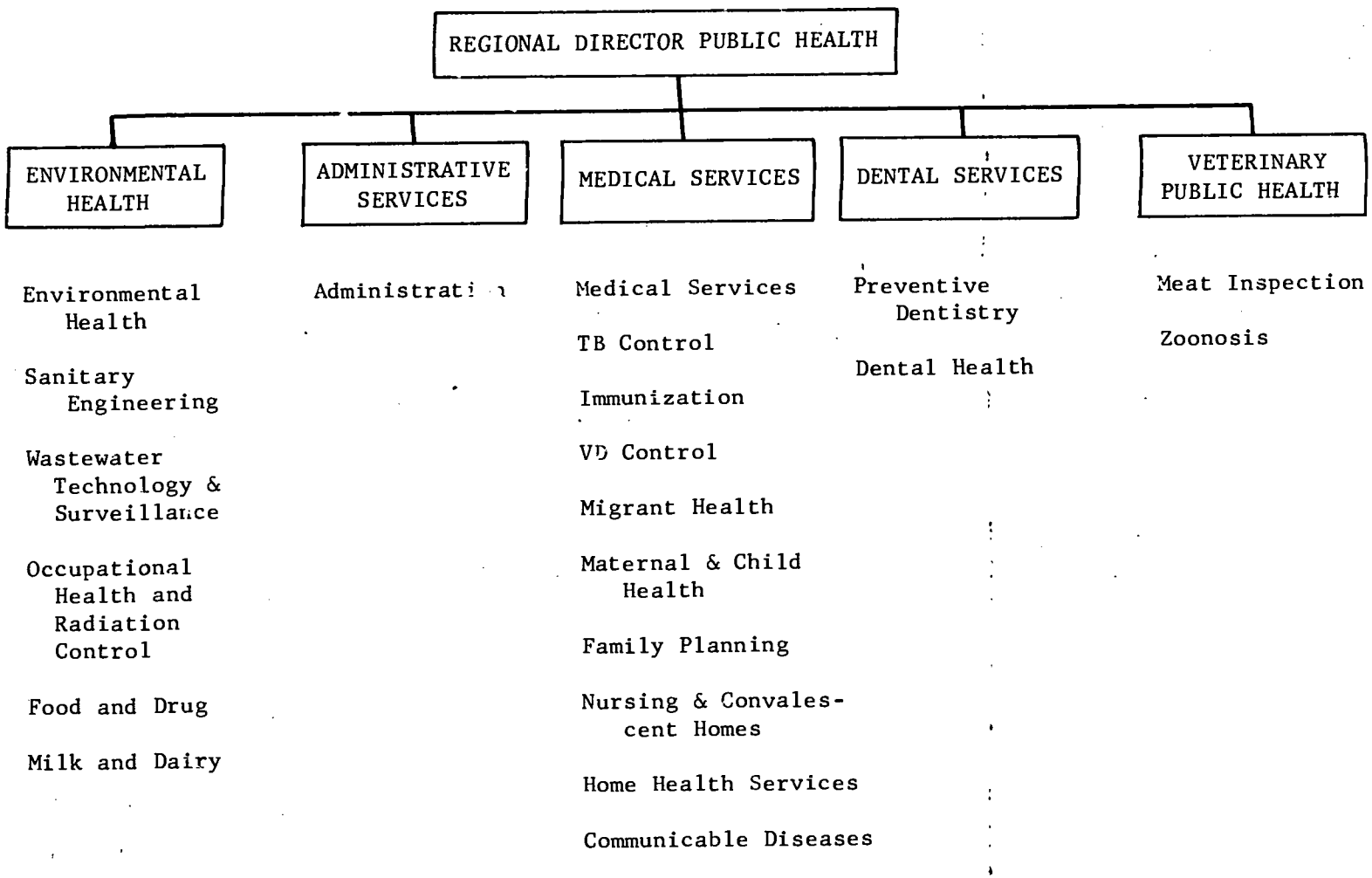
	18	19	20	21
Physicians/1,000 population	0.445	0.562	1.001	0.681
Dentists/1,000 population	0.297	0.010	0.325	0.162
Licensed Hospitals	1	4	21	11
Hospital Beds/1,000 population	1.262	2.912	5.478	2.323

**Figures by Texas Health Data Institute

18, 19, 20 and 21 - Councils of Government

Texas State Department of Health

Region X Organization



A LOOK TO THE FUTURE

LOOK TO THE FUTURE

The domestic agricultural farm worker and his dependents have been found living, working, or traveling through 169 Texas counties. The total number of migrants again, as in past years. shows a slight decline. Mechanization, climatic conditions, herbicides and chemical weed killer marketing procedures, and Federal and State laws concerning employment procedures, school attendance, traveling and recruitment requirements have contributed to the continuous decline in the number of migrant farm workers. The travel pattern of the migrant farm worker will continue to change, mainly due to changes in climatic conditions and crop production. The climatic conditions in West Texas last year caused migrants to stay in that area longer than usual. Approximately 60% of the cotton was still in the fields in December. In some areas of the State, vegetable production is increasing, thus requiring more labor at various times of the year.

Mechanization has continued to increase, thus eliminating more stoop labor; however, this mechanization will require more semi-skilled labor such as tractor drivers, combine operators and harvesting machine operators.

The Texas Education Agency, Texas Child Migrant Programs, will continue to influence the number of migrants and duration of the migrant seasons. In recent years, migration has been coordinated with the school year. Many of the migrant children are now finishing high school. Also, many of the younger migrants, having completed their formal education, are dropping out of the migrant stream and seeking jobs in other fields. Training programs sponsored by the Texas Education Agency, Department of Labor, and Office of Economic Opportunity in other fields for migrants are beginning to reduce the numbers of farm workers.

Many migrant farm workers are now seeking year-round employment on individual farms and have left the migrant stream.

The living environment of the agricultural farm worker and his dependents has been improved. Through the utilization of resources available from the Farmers Home Administration, many improvements have been made to individual homes as well as to total community utilities, such as area-wide water supply systems.

The Texas State Department of Health Migrant Health Project and local Migrant Health Project staffs will continue to encourage the maximum utilization of grant and loan funds available from such agencies as the Farmers Home Administration.

Improvement to labor housing has been slow and for the most part has been due to the working relationship developed by local Migrant Health Project

staffs, especially environmental staffs, with the housing provider and the migrants themselves. With the enactment of the Labor Camp Law, improvement should become more rapid. The law was enacted late in the session of the 62nd Texas Legislature and no funds were made available to implement the program. However, funds have been requested in the up-coming Texas State Department of Health budget. In recent months, much interest has been shown by housing providers in grant and loan funds available for building new facilities and/or improving existing facilities. It is anticipated that much activity will take place in this area during the coming year.

Twenty (20) Migrant Health Projects, in addition to the Texas State Department of Health Migrant Health Project, now provide direct and indirect services to the domestic agricultural migrant farm worker and his dependents in Texas.

Many of the local state affiliated Health Departments also provide public health services to the migrant population when they are in their areas. In some local Migrant Health Projects and/or local Health Departments, services will continue to be limited due to the lack of adequate funds, and medical and professional manpower. Hospitalization and environmental sanitation services have been drastically reduced due to withdrawal of Federal funds.

The delivery of services to the migrant population will possibly undergo some changes during this year. With the activation of three (3) Comprehensive Health Regions in Texas (Region 7 - East Texas Area; Region 10 - Rio Grande Valley; Region 3 - El Paso), more direct services to migrant populations, as well as entire communities, will be available. Two (2) of these Regions, Region 10 and Region 3, are in areas of high migrant concentration.

Regionalization of local Migrant Health Projects and the pre-paid per capitation system should also change the delivery of services to the migrant population. Regionalization of local Migrant Health Projects should not only expand services, but also provide for a more effective operation.

The Texas State Department of Health Migrant Health Project will continue to comply with and review the migrant situation in Texas. The Texas State Department of Health Migrant Health Project will continue to provide direct and indirect services to the migrant population and to other agencies, Projects and/or individuals to improve the health and welfare of the migrant population.

Objectives

The Texas State Department of Health Migrant Health Project activities will be directed by the following objectives:

The Texas State Department of Health Migrant Project Medical Director or

his designee will provide Public Health Programs and Medical and Dental Consultation to all Local, State and Federal Health Officers, or their designee, in all matters pertaining to the promotion and protection of migrant health status in Texas.

The Texas State Department of Health Migrant Project Health Program Specialist will provide consultation and assistance in the fiscal and administrative phases of the Texas Migrant Health Project and all local Migrant Projects.

The Texas State Department of Health Migrant Project Educator, acting under the administrative direction of the project directors, will provide health education services in support of all migrant health activities in Texas. It is hoped that 1972 will be a chance to try new ideas and methods of reaching the migrants.

Specific objectives are:

1. As a result of having a student-in-training from a health education program, the migrants would have more material written and more educational demonstrations. (This is an idea that has been discussed and it is hoped, can be developed.)

2. As a result of a radio script on health education, more migrants would be reached than could be through just printed material. This should be accompanied by some evaluation - if more mothers coming to clinic had an idea of how babies get diarrhea, etc.

3. As a result of new material on parasites and diarrhea, more migrants would have a clearer understanding of the cause of these problems. Perhaps a sheet with right and wrong pictures would be the best. Also, it is hoped a record for the movie "RoRevus Talks About Worms" can be made.

4. As a result of working with a local group in Austin, the educator will have ideas that can be passed on to the local Projects. (The Austin Public School District is receiving money to work with migrant families - so now they will be identified. Inquiry will be made as to how we can be of service.)

The Texas State Department of Health Migrant Project State and Area Public Health Nursing Staff, under the administrative direction of the State Migrant Project Director and through Local Health Officers will:

1. Provide assistance to local Projects in assessing and/or up-grading nursing programs on the basis of the "Program Guidelines for Migrant Health Projects Offering Direct Service."

2. Provide nursing consultation and direct assistance to local Projects, local Health Departments, and nursing personnel of unorganized counties, in developing public health nursing programs geared to the needs of the agricultural migratory farm workers, seasonal farm workers, and their

dependents, under the administrative direction of the Project Medical Director, Health Department Director and/or County or City Health Officers, to the extent possible.

3. Promote and provide for the provision of public health nursing care for domestic agricultural migratory farm workers, seasonal farm workers and their dependents, to the extent possible, in local health jurisdictions without organized public health services and/or public health service programs designed to meet the public health needs of resident or migrant populations.

4. Identify to local nursing and/or other health personnel, consultants available from divisions of the Texas State Department of Health, and/or other agencies, to assist in developing specific aspects of nursing programs, as requested.

5. Advise and assist local projects in the selection of qualified nursing personnel, to the extent possible, and make concerted efforts to provide or arrange for initial orientation and continued in-service training for nursing personnel of migrant projects, and of ancillary personnel recruited from the migrant population.

6. Provide a system of processing referrals to facilitate intra- and inter-state coordination of follow-up activities necessary for continuity of care to promote and protect the health status of the domestic agricultural migratory farm workers, seasonal farm workers, and their dependents.

The Texas State Department of Health Migrant Project environmental sanitation staff under administrative direction of the Project Director or his designee will:

As a result of a coordinated effort with local migrant health projects, local health officers and other local governmental agencies, the State Migrant Health Project environmental sanitation staff will initiate programs to improve the living and working environment of the agricultural and seasonal farm workers and their dependents.

As a result of following the new guidelines and environmental health service policies, the State Migrant Health Project environmental staff through local migrant health projects, local health officials, and other local governmental agencies will develop new approaches to environmental problems affecting the agricultural and seasonal farm workers and their dependents.

As a result of becoming more aware of all available resources, Federal, State and local, the State Migrant Health Project environmental sanitation staff will emphasize the maximum utilization of these resources to the fullest extent possible for improved housing, sanitary facilities, employment, education, etc.

As a result of compliance with the guidelines and the reporting kit, the State Migrant Health Project environmental staff will develop new and initiative environmental programs rather than the traditional inspectional programs. This will include safety and accident hazards both in the living and working areas.

As a result of closer coordination with local migrant health projects, local health officials, local governmental agencies and other groups and/or individuals, the Texas State Migrant Health Project environmental sanitation staff will obtain and record environmental data and resources available, affecting the agricultural and seasonal farm worker and his dependents in high migrant impact areas.

The Texas State Department of Health Migrant Project will continue to accumulate substantive health data through:

1. Compilation, analysis, and interpretation of electronic data processing of records relative to inter-area referrals on all migrant cases directed through the Texas State Department of Health Migrant Project Referral Program.

2. Compilation, analysis, and interpretation of data accumulated by organized local migrant health activities throughout the State.

3. Compilation, analysis, and interpretation of data accumulated through Federal, State and local agencies and other agencies in those areas with high migrant concentration and without organized migrant health program activities.

4. The Texas State Department of Health Migrant Project in coordination with the Federal Migrant Program will continually provide direct and indirect assistance to Federal, State and local agencies and/or organizations, group or individual, and local migrant health projects to develop comprehensive programs for the Texas agricultural and seasonal farm workers and their dependents in Texas.

The number of Texas agricultural migrant workers in Texas has continually declined in recent years; however, many Texas residents still migrate seeking employment in agricultural or related jobs. With this knowledge, the Texas State Department of Health Migrant Project will continue to analyze, plan, develop and coordinate public health and allied efforts to promote and protect the health and welfare status of the agricultural migrant and seasonal farm worker and his dependents in Texas.